Appendix-78 Resolution No. 60 (60-1(60-1-15))

FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI दिल्ली विश्वविद्यालय

EC(1264)483

MINUTES

A meeting of the Committee of Courses & Studies in the Department of Forensic Medicine was held on Wednesday the 20th April, 2022 at 11:00 AM in he Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, Dniversity of Delhi, Delhi – 110007.

The following members were present:

- Dr. N.K. Aggarwal, Head, Deptt of Forensic Medicine, DU C/o UCMS Chairperson Dr. Sreenivas M, Head, Deptt of Forensic Medicine, MAMC - Member Dr. Amandeep Kaur, Prof., Deptt of Forensic Medicine, MAMC - co-opted member Dr. Arvind, Prof., Deptt of Forensic Medicine, UCMS -co-opted member Dr. Upender Kishore, Prof., Deptt of Forensic Medicine, MAMC - Member 5. Dr. Dhiraj Buchade, Professor, Department of Forensic Medicine, MAMC -Member Dr., Mukta Rani, Head, Department of Forensic Medicine, LHMC - Member 1990 Dr. Sukhdeep Singh, Senior Professor, Department of Forensic Medicine, LHMC -Dr. Satish Kumar Verma, Sr. Most Teacher, Department of Forensic Medicine, Member UCMS - Member
- The Committee recommended the new MBBS 3rd Prof. Forensic Medicine curriculum to be implemented from the current academic year.
- An approved curriculum document for MBBS CBME Phase-II & Phase -III as recommended by NMC for Forensic Medicine Department of MAMC, LHMC & UCMS is annexed as Annexure-I.
- An approved assessment Blue Print for MBBS CBME Phase-III for Forensic Medicine Department of MAMC, LHMC & UCMS is annexed as Annexure-II.

The meeting ended with a vote of thanks to the chair.

Prof. N.K. Aggarwaf (Chairperson)

FORENSIC MEDICINE

AMMERURE - 01

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
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	eneral information	umber of (compete	ncles: ((11) No	mber of procedures the	it require co	etification: (MII)	ilmium sidalija i
FM1,1	Demonstrale knowledge of basics of Forensic Medicine like definitions of Forensic medicine, Clinical Forensic Medicine, Forensic Pathology, State Medicine, Legal Medicine and Medical Jurisprudence	к	KH	N	Lecture, Small Group Discussion	Written/ Viva voce		THE PARTY (1914)	
M1.2	Describe history of Forensic Madicine	ĸ	кн	N	Lecture, Small Group Discussion	Written/ Viva voce			
M1,3	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	К	КН		Lecture, Small Group Discussion	Written/ Viva voce			
M1.4	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	К	КН	И	Lecture, Small Group Discussion	Written/ Viva voce			
	Describe Court procedures including Issue of Summons, conduct money, types of witnesses, recording of evidence cath, affirmation, examination in chief, cross examination, re-examination and count questions, recording of evidence & conduct of doctor in witness box	К	KH	N	Lecture, Small Group Discussion, Moot Court	Written/ Viva voce			
V11.6	Describe Offenses in Court including Perjary; Court strictures vis-a- vis Medical Officer	к	КН		Lecture, Small Group Discussion	Written/ Viva yoca			
	Describe Dying Declaration & Dying Deposition	ĸ	KH	Y	Lecture, Small Group Discussion	Written/ Viva voce			***************************************
1.8	Describe the latest decisions/notifications/resolutions/ circulars/standing orders related to medico-legal practice issued by Courts/Government authorities etc.	к	KH	Y	Lecture, Small Group Discussion	Wriden/ 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	Horizontat 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 maintened 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 drunkenness certificate. - documents for issuance of death 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		КН	Y	Lecture, Smalt Group Discussion	Written/ Viva voce		Radiodiagnosis, General Súrgery, General Medicine, Pediatrics	
M1.10	Select appropriate cause of death in a particular scenario by referring ICO 10 code	к	кн	Y	Lecture, Small Group Discussion	Written/ Viva voce			
M1.11	Write a correct cause of death cartificate as per ICD 10 document	s	sн	Y	Lecture, Small Group Discussion	Written/ Viva voce			and the second s
lapic: Fo	rensic Pathology	Number of	compet	encles:	(35)	lumber of procedures to	hat require	certification : (NIL)	
M2.1	Define, describe and discuss death and its types including somatic/dinical/cellular, molecular and brain-death, Cortical Death and Brainstem Death	к	КН	Y	Lecture/Small group discussion	Written/ Viva voce		Pathology	
V12.2	Describe and discuss natural and unnatural deaths	К	кн		Lecture, Small Group Discussion	Written/ Viva voce	ŀ	Pathology	
A2.3	Describe and discuss issues related to sudden natural deaths	к	КН		Lecture, Small Group Discussion	Written/ Viva voce		Pathology	E.
	Describe salient features of the Organ Transplantation and The Human Organ Transplant (Amendment) Act 2011 and discuss ethical issues regarding organ donation	ĸ	КН		Lecture/Small group	Written/ Viva voce		NETCOM	·····

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	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	КН	Y	Lecture, Small Group Discussion	Written/ Viva voce		Psychialry, Pathology	
M2.6	Discuss presumption of death and survivorship	ĸ	КН	Y	Lecture, Small Group Discussion	Written/ Viva voce			,
M2.7	Describe and discuss suspended animation	К	KH	Y	Lecture, Small group discussion	Written/ Viva yoce			
M2.8	Describe and discuss postmortem changes including signs of death, cooling of body, post-mortem fividity, rigor mortis, cadaverio spasm, cold stiffening and heat stiffening	К	KH	Ϋ́	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		<u> </u>	:
M2.9	Describe pulrefaction, mummification, adipocere and maceration	ĸ	кн		Lecture, Small group discussion, Autopsy, DOAP session	Written/Viva voce/ OSPE			
M2.10	Discuss estimation of time since death	к	KH		Lecture, Small group discussion, Autopsy, DOAP sassion	Written/ Viva voce/ OSPE			
M2.11	Describe and discuss autopsy procedures including post-mortem examination, different types of autopsies, aims and objectives of post-mortem examination	К	КН	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Pathology	
	Describe the legal requirements to conduct post-mortem examination and procedures to conduct medico-legal post-mortem examination	к	KH	Ŷ		Written/ Viva voce/ QSPE		Palliclogy	
	Describe and discuss obscure autopsy	K .	Kiri		Lecture, Small group discussion	Written/ Viva voce		Pathology	
	Describe and discuss examination of clothing, preservation of viscera on post-mortem examination for chemical analysis and other medico-legal purposes, post-mortem artefacts	к	кн			Wrillen/ Viva vace/ OSPE		· ·	-

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level KJKH/ 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 .	кн	Y		Written/ Viva voce/ OSPE			
FM2.16	Describe and discuss examination of mulifated bodies or fragments, charred bones and bundle of bones	К	КН	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		KH	·	Lecture, Small group discussion	Written/ Viva voce			
	Investigation of anaesthetic, operative deaths; Describe and discuss special protocols for conduction of autopsy and for collection, preservation and dispatch of related material avidences	·ĸ	кн	Y	Lecture, Small group diacussion	Written/ Viva voce		Anesthesiology, General Surgery	
FM2,20	Machanical asphyxia; Define, classify and describe asphyxia and medica-legal interpretation of post-mortem findings in asphyxial deaths	к	КН	Y		Writlen/ 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	К	KH	Y		Written/ Viva voce/ OSPE	·		

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P		Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
FM2.22	Mechanical asphyxle: Describe and discuss patho-physiology, clinical features, post- mortem findings and medico-legel aspects of traumatic asphyxia, obstruction of nose & mouth, suffocation and sexual asphyxia	K	КН	Ÿ	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 drawning, diatom test and, gettler test.	К	кн	Y	Lecture, Small group discussion, Autopay, DOAP session	Written/ Viva voce/ OSPE		Transcription of the second of	
FM2.24	Thermal deaths: Describe the clinical features, post-mortern finding and medicolegal aspects of injuries due to physical agents like heat (heat-hyper-pyrexia, heat stroke, sun stroke, heat exhaustian/prostration, heat cramps [miner's cramp] or cold (systemic and localized hypothermis, frostbite, tranch (cot, immersion foot)	. :	КИ	Y	Lecture, Small group discussion, Autopsy, COAP 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, scalus, lightening, electrocutian and radiations	К	КН	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE	MATERIAL PROPERTY OF THE PROPE	General Surgery	
FM2.25	Describe and discuss clinical features, post-mortem findings and medico-legal aspects of death due to starvation and neglect	к	КН	Ÿ	Lecture/Small group discussion	Written/ Viva voce	A STATE OF THE STA		
FM2.27	Define and discuss infanticide, fasticide and stillbirth	К	КН	Ÿ	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 centree, Hydrostalic test, Sudden Infants Death syndrome and Munchausen's syndrome by proxy		KH	Ÿ	Lecture, Small group discussion, Autopsy, DOAP session	Written/Viva voce / OSCE	er jamen og av	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		НЗ	Y	Lecture, Small group discussion, Mool Court, Court visits, Role Play	Role Play during internal assessment			

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Numbar	GOMPETENCY The student should be able to	Domain K/S/A/C	Leval KJKHI SHIP		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 atc	A	К	Y	Lecture/Small group discussion	Written/ Viva voce			
FM2.31	Demonstrate ability to work in a team for conduction of medico-legal autopsias in cases of death following alleged negligence medical downy death, death in custody or following violation of human rights as per National Human Rights Commission Guidelines on exhumation		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, taw enforcing egency and judiciary		кн	Y.	Lecture, Small group discussion, DOAP session	Written/ Viva voce		AETCOM	
FM2,33	Demonstraté ability to use local resources whenever required like in mass disaster situations	A and C	КИ	Ÿ	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	кн	Ÿ	Lecture/Small group discussion	Written/ Viva voce		General Medicine, AETCOM	
FM2,35	Demonstrate professionalism white conducting autopsy in medicolegal situations, interpretation of findings and making Inference/opinion, collection preservation and dispatch of biological or trace evidences		KH/SH	-	Lecture, small group discussions, DOAP session	Written/ Viva voce/ GSPE		AETCOM	
Topic: C(i	nical Forensic Medicine	Numbar of	compot	encles:	(33)	lumber of procedures t	hat require	certification:(NIL)	
FM3.1	IDENTIFICATION Define and describe, Corpus Delicti, establishment of identity of definity of complexion, stature, age determination using morphology, teeth-eruption, decay, bite marks, bones-ossification centres, medico-legal aspects of age		кн	Y	Lecture, Small group discussion, Bedside clinic, DOAP session	WrittenMiva voce/ skill assessment		Human Anatomy	

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P		Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P		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, tattoes, poroscopy and superimposition	K	КН	Ÿ	Lecture, Small group discussion	Written/ Viva voce			
EM3.3	Mechanical Injuries and wounds: Define, describe and classify different types of mechanical Injuries, abrasion, bruise, teceration, stab wound, incised wound, chop wound, defense wound, self-Inflicted/jabricated wounds and their medico-tegal aspects	K	KH	Y.	Lecture, Small group discussion Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		General Surgery	
M3.4	Mechanical injuries and wounds: Define injury, assault & hurt. Describa IPC pertaining to injuries	К	KH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		General Surgery	· · · · · · · · · · · · · · · · · · ·
M3.5	Mechanical injuries and wounds: Describe accidentat, sulcidel and homicidal injuries. Describe simple, grievous and dangerous injuries. Describe ante-mortem and post-mortem injuries	К .	к/кн	Y	Lecture/Small group discussion	Willen/ Viva voce	:		
M3.6	Machanical injuries and wounds: Describe healing of injury and fracture of bones with its medico-tegal importance	к	к/кн	Ÿ	Lecture/Smail group discussion	Written/ Viva voce		General Surgery	
M3.7	Describe factors influencing infliction of injuries and healing, examination and certification of wounds and wound as a cause of death: Primary and Secondary	К	кжн	Y	Lecture/Small group discussion	Written/ Viva voce	· · ·	General Surgery, Orthopaedics	·
M3.8	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	
-M3.9	Firearm injuries: Describe different types of firearms including structure and components. Along with description of ammunition propellent charge and mechanism of firearms, different types of cartridges and bullets and various terminology in relation of firearm — caliber, range, choking	ĸ	КИ	Υ	Lecture/Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level KIKHI SHIP	Core (YIN)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM3.10	Fiream injuries: Describe and discuss wound ballistics-different types of fiream injuries, blast injuries and their interpretation, preservation and dispatch of trace evidences in cases of fiream and blast injuries, various tests related to confirmation of use of firearms		КЖН	Y		Written/Viva vace/ OSCE		General Surgery Orthopaedics	
*M3.11	Regional Injuries: Describe and discuss regional injuries to head (Scalp wounds, fracture skull, intracranial baemorrhages, coup and contrecoup injuries), neck, chest, abdomen, limbs, genital organs, spinal cord and skeleton		ки	Ÿ	Lecture, Small group discussion, Bed side clinic or autopsy, DOAP session	Written/ Viva voce/ OSCE/OSPE		General Surgery, Onthopsedics	
	Regional Injuries Describe and discuss injuries related to fall from height and vehicular injuries — Primary and Secondary impact, Secondary injuries, crush syndrome, railway spine		KKH	Y		Written/ Viva voce/ OSCE/OSPE		General Surgery, Orthopsedics	
°M3.13	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	ĸ	кжн	Υ .		Written/ Viva voce/ OSCE/OSPE		Obstetrics & Gynaecology	
-M3.14	SEXUAL OFFENCES Describe and discuss the examination of the victim of an elleged case of rape, and the preparation of report, freming the opinion and preservation and despatch of trace evidences in such cases	K	KACH .	Y		Written/ Viva voce/ OSCE		Obstatrics & Gynaecology, Psychlatry	
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	К	кжн	Ÿ		Written/ Viva voce/ OSCE		Obstetrics & Gynaecology, Psychiatry	

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P		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, knoest, lesbianism, buccal collus, bestiality, indecent assault and preparation of report, framing the opinion and preservation and despatch of trace evidences in such cases	K	КЖН	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, Psychiatry	
FM3.17	Describe and discuss the sexual perversions fetishism, transvestism, voyeurism, sadism, necrophagia, mosochism, exhibitionism, frotteurism, Necrophilia	К	К/КН	Υ	Lecture/Small group discussion	Written/ Viva voce		Obstetrice & 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 medicolagal importance	К	К/КН	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 superfectation, superfecundation and signs of recent and remote delivery in living and dead	К	K/KH	Ÿ	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	in a substitution of the s
FM3.20	Discuss disputed paternity and maternity	к	ККН	Ý	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.21	Olscuss Pre-conception and Pre Natal Diagnostic Techniques (PG&PNOT) - Prohibition of Sex Selection Act 2003 and Domestic Violence Act 2005	К	K/KH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, AETCOM	
FM3.22	Define and discuss impotence, sterility, frigidity, sexual dystunction, premature ejacutation. Discuss the causes of impotence and sterility in male and female	К	КЖН	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynascology, General Medicine	
FM3.23	Discuss Sterilization of mole and female, additical insertination, Test Tube Baby, surrogate mother, formonal replacement therapy with respect to appropriete national and state laws	К	K/KH	γ	Lecture/Small group discussion	Written/ Viva vace		Obstetrics & Gynaecology	

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Number	COMPETENCY The student should be able to	Domain KISIAIC	Level K/KH/ SH/P		Suggested Teaching Loarning 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	К	K/KH	N	Lecture, Small group discussion	Writen		Obstetrics & Gynaecology	
FM3.25	Olscuss the major results of the National Family Health Survey	К	KKH	N	Cedure	Written		Obsteldes & Gynaecology	
FM3.26	Discuss the national Guidelines for accreditation, supervision & regulation of ART Clinics in India	К	ККН	Y.	Lecture, Small group discussion	Written		Obstelifics & Gynaecology	
FM3.27	Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion. MTP Act 1971	K	КЖН	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, AETCOM	- <u> </u>
FM3.28	Cescribe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion	К	K/KH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynascology, Pathology	
FM3.29	Describe and discuss child abuse and battered baby syndrome	K	K/K/H	Y	Lecture, Small group discussion	Writlen/ 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		кин	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	К	KÆ	N	Lecture/Small group discussion	Wrilten/ Viva voce		en e	
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		SH	Y	Lecture, Small group discussion	OSPE/Viva voca		AETCOM	And the section of
FM3.33	Should be able to demonstrate the professionalism while dealing with victims of torture and human right violations, sexual assaults-psychological consultation, rehabilitation		K/KH/S H	Y.	Lecture/Small group discussion	Writlen/ Viva voce	1	AETCOM	

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level KiKHi SHIP		Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
Topia: Me	edical Jurisprudence (Medical Law and ethics)	Numb	er of co	npeten		Number of procedu	ros that req	uire certification ; (NIL)	·
-M4.1	Describe Medical Ethics and explain its historical emergence	к	кн	Y	Lecture, Small group discussion	Written/ Viva vace		AETCOM	·
M4.2	Describe the Code of Medical Ethics 2002 conduct, Eliquette and Ethics in medical practice and unethical practices & the dichotomy	K	кн	Υ.	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.3	Describe the functions and role of Medical Council of India and State Medical Councils	ĸ	, КН	Υ	Lecture, Small group discussion			AETCOM	
M4.4	Describe the Indian Medical Register	к	кн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.5	Rights/privileges of a medical practitioner, penal erasure, infamous conduct, disciplinary Committee, disciplinary procedures, warning notice and penal erasure	· K	кн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM .	-
M4.6	Describe the Laws in Relation to medical practice and the duties of a medical practitioner towards patients and society	K	КЖН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.7	Describe and discuss the ethics related to HIV patients	к	KWH	Ÿ	Lecture, Small group. discussion	Written/ Viva voce		AETCOM	
M4.8	Describe the Consumer Frotection Act-1985 (Madical Indemnity Insurance, Civil Liligations and Compensations), Workman's Compensation Act & ESI Act	к	кн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.9	Describe the medico - legal issues in relation to family violence, violation of human rights, NHRC and doctors	ĸ	кн	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.10	Describe communication between doctors, public and media	ĸ	КН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.11	Describe and discuss euthanasia	ĸ	КН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	······································

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify	Vertical Integration	Horizontal Integration
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FM4,12	Discuse legal and ethical issues in relation to stem cell research	К	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
PM4.13	Describe social aspects of Medico-legal cases with respect to victims of assault, rape, attempted suicide, homicide, domestic violence, dowry-related cases	к	кн	Y	Lecture, Small group discussion	Wrillen/ Viva voce		AETCOM	
FM4.14	Describe & discuss the challenges in managing medico-legal cases including development of skills in relationship management thuman behaviour, communication skills, conflict resolution techniques		КН	Υ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.15	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	к	КН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.16	Describe and discuss Bioethics	к	КН	γ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.17	Describa and discuss ethical Principles: Respect for autonomy, non- malfeazance, beneficence & justice	К	KH	Υ	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, vicatious liability. Res lpss Loquitor, prevention of medical negligence and defenses in medical negligence illigations		KH	Y	Lecture, Small group discussion	Written/ Viva voce	***************************************	AETCOM	
	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		кн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
	Describe therepeutic privilege, Malingering, Therapeutic Misadventure, Professional Secrety, Human Experimentation	К	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	

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Number	COMPETENCY The student should be able to	Domain KVSIAIC	Level KIKHI SHIP	Core (Y/N)	Suggested Teaching Learning mothod	Suggested Assessment method	Number required to certify	Vertical Integration	Horizontal Integration
			esemble of the control of the contro				p		
M4.21	Describe Products liability and Medical Indemnity Insurance	К	KH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	<u> </u>
M4.22	Explain Oath - Hippocrates, Charaka and Sushruta and procedure for administration of Oath.	к	KH	Υ	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
M4.23	Describe the modified Declaration of Geneva and its relevance	K	КН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Phamiacology	
M4.24	Enumerate rights, privileges and duties of a Registered Medical Practitioner. Discuss doctor patient relationship; professional secrecy and privileged communication	К	КН	γ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.25	Clinical research & Ethics Discuss human experimentation including clinical trials	К	KH	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	***************************************
M4.26	Oiscuss the constitution and functions of ethical committees	К	KH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
M4.27	Describe and discuss Ethical Guldelines for Biomedical Research on Human Subjects & Animals	K	КН	N	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	**
M4.28	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	· · · · · · · · · · · · · · · · · · ·
M4.29	Demonstrate ability to communicate appropriately with media, public and doctors	A and C	KH/SH	Y	Lecture, Small group . discussion	Written/ Viva voce		AETCOM	
M4.30	Demonstrate ability to conduct research in pursuance to guidelines or research eithics	A and C	KH/SH	Υ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	·····
opic: Fo	ronsic Psychiatry	Number o	l compe	tencles:	: (06)	Number of procedures t	hat require	certification: (NIL)	
M5.1	Classify common mental illnesses including post-traumatic stress disorder (PTSD)	К	К/КН	Υ.	Lecture, Small group discussion	Written/ Viva voce		Paychistry	

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Yumber	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
M5.2	Deline, classify and describe defusions, hallucinations, illusion, fucid interval and obsessions with exemplification	К	ККН	-γ	Lecture, Small group discussion	Written/ Viva voce		 Psychlatry	
M5.3	Describe Civil and criminal responsibilities of a mentally ill person	К	KKH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.4	Differentiate between true insanity from feigned insanity	ĸ	KKH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
FM5.5	Describe & discuss Delirium tremens	K	KAGH	Y	Lecture, Small group discussion	Whiten/ Viva vace		Psychiatry, General Medicine	
řM5.6	Describe the Indian Mental Health Act, 1967 with special reference to admission, care and discharge of a mentally ill person	ĸ	КЖН	N	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
Topic: Fo	rensic Laboratory investigation in medical legal practice	Number	of com	petencie	es: (03)	Number of procedure	s that requ	I Iro 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	К	KKH		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	Ÿ.	Lecture, Small group discussion	Written/ Viva voce			
M5.3	Demonstrate professionalism while sending the biological or trace avidences 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 vace / OSPE			
					<u> </u>	<u> </u>			

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umber	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P		Suggested Teaching Learning mathod	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
: 	erging technologies in Forensic Medicine	Marrah	erefen	nnatent	 :les: (01)	Number of precedu	res that re	sulre certification:(NIL)	
дист шв	Eding scamologies in Costate inspirate		4, 4, 64,	np was no				, , ,	
M7.1	Enumerate the indications and describe the principles and appropriate use for: - DNA profiling	К	K/KH	N	Lecture, Small group discussion	Written/ Viva voce			
	Facial reconstruction - Polygraph (Lie Detector)	-							
	- Narcoanalysis, - Brain Mapping, - Digital autopsy,								
	- Virtual Autopsy, Imaging technologies					,			
opic: To	i xicology: General Toxicology	Number o	f compe	tencles:	: (10)	Number of procedures	that requir	certification: (NIL)	
M8.1	Describe the history of Toxicalogy	K	KÆH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
M8.2	Define the terms Toxicology, Forensic Toxicology, Clinical Toxicology and poison	ĸ	ККН	Υ	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
M8.3	Describe the various types of poisons, Toxicotkinetics, and Toxicodynamics and diagnosis of poisoning in living and dead	K	KVKH	Υ	Lecture, Small group discussion	Written/viva voce		Pharmacology	
M8.4	Describe the Laws in relations to poisons including NDPS Act, Medico-legal aspects of poisons	К	КЖН	Ŷ	Lecture, Small group discussion	Written/ Viva voce		Pharmacology	
M8.5	Describe Medico-legal autopsy in cases of poisoning including preservation and dispatch of viscera for chemical analysis	К	кикн	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Pharmacology	
M8.6	Describe the general symptoms, principles of diagnosis and management of common poisons encountered in India	К	K/KH	Ÿ	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Phemiacology	
	Deminimon W X	رنندن	(L	1		ken	el () N	L\

lumber	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (YIN)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P		Horizonial Integration
M8.7	Describe simple Bedside clinic tests to detect poison/drug in a patient's body fluids	K	K/KH	Ÿ	Lecture, Small group discussion, Bed side clinic, DOAP session	Witten/ Viva voce/ OSCE	· ·	Pharmacology, General Medicine	
8.8N	Describe basic methodologies in treatment of polsoning decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination	K	KIKH	Ÿ	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE	,	Pharmacology, General Medicine	
M8.9	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 taboratory analysis.	1	КЖН	Y	Lecture, Small group discussion	Written/ Viva voce			
VIS,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		кжн	Ÿ	Lecture, Small group discussion	Written/ Viva voce	——————————————————————————————————————		
opia: To	xicology : Chemical Toxicology	Number c	of compa	tencles	: (06)	Number of procedures	that requi	re certification : (NIL.)	
A9.1	Describe General Principles and basic methodologies in treatment of polsoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: Caustics Inorganic — sulphuric, nitric, and hydrochtoric acids; Organic-Carboloic Acid (phenol), Oxalic and acetylsalicytic ecids	•	KVKH		Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	-
M9.2	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Phosphorus, fodine, Burlum		K/KH		Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
	Dennimm Add Ato) سودن	10:	Q.,		San.	n () NL	i V

lumber	COMPETENCY The student should be able to	Domain KUS/A/C	Level K/KH/ SH/P		Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Inlegration
M9,3	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	К	кин	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
M9.4	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, aupportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanot, methanol, ethylene glycol	К	К/КН		Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voca/ OSCE		Pharmacology, General Medicine	-
M9.5	Describe General Principles and basic mathodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates. Carbamates, Organochlorines, Pyrethrolds, Paraquat, Aluminium and Zino phosphide	K	К/КН		Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharnacology, General Medicine	
9,6M	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monexide, hydrogen cyanide & derivatives, methyl isocyanate, tear (riot control) gases	К	КЖН			Written/Viva voce/ OSCE		Pharmacology, General Medicine	

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ibe General Principles and basic methodologies in treatment soning: decontamination, supportive therapy, antidote therapy, dures of enhanced elimination with regard to: tipyretics - Paracelamol, Salicylates id-Intectives (Common antibiotics - an overview) uropsychotoxicology Barbiturates, benzodiazepins anytein, lithium, hateparidot, neuroleptics, tricyclics receite Analgesics, Anaesthetics, and Muscle Relaxants diovascular Toxicology Cardiotoxic planta - oleander, llam, aconite, digitalis vi. Gastroinal and Endocrinal Drugs - Insulin	К	К/КН		Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, Genoral Medicine	
ou • Blainvincians		L					Podela AAA AA Milita AA A	,
Al IntotoxinonAl	Number	of compa	tencles	: (01)	Number of procedures t	hat require	certification : (NIL)	
	К	кжн			Written/ Viva voce		General Medicine	
gy : Sociomedical Toxicology	Nuc	mber of	compete	encles: (01)	Number of proces	lures that r	require certification : (N	L)
ing camicals: Tobacco, cannabis, amphetamines, cocaine,	К	K/KH	γ	Lecture, Small group discussion, Autopsy	Written/Viva voce		General Medicine	
gy: Environmental Texicology	No	raber of	compet	encles: (02)	Number of process	lures that r	equire certification : (N	L)
	K	KKH	γ	Lecture, Small group discussion	Written/ Viva voce		General Medicine	
	К	K/KH	Y	Lecture, Small group discussion	Written/ Viva voce		The Control of the Co	
	ribe features and management of Snake bite, scorpion sting, and wasp sting and spider bite pgy: Sociomedical Toxicotogy ribe features and management of ebuse/poisoning with sting camicals: Tobacco, cannabis, amphetamides, cocaine, choqens, designer druga & solvent pgy: Environmental Toxicotogy ribe toxic pollution of environment, its medico-legal aspects & hazards of occupation and industry ribe medico-legal espects of poisoning in Workman's pensation Act	and wasp sting and spider bite Pagy: Sociomedical Toxicology A Business and management of abuse/poisoning with fing camicals: Tobacco, cannabis, amphetamines, cocaine, choquens, designer drugs & solvent Pagy: Environmental Toxicology Number toxic pollution of environment, its medico-legal aspects & Kanazards of occupation and industry A Business	and wasp sting and spider bile Pagy: Sociomedical Toxicology Another of the features and management of abuse/poisoning with the features and management of abuse/poisoning with the features and management of abuse/poisoning with the figure cannabis, amphetamines, cocaine, choosens, designer drugs & solvent Pagy: Environmental Toxicology Number of the toxic pollution of environment, its medico-legal aspects & K. KKH. Number of the toxic pollution of environment, its medico-legal aspects & K. KKH.	and wasp sting and spider bite Pagy: Sociomedical Toxicology The features and management of abuse/poisoning with fing camicals: Tobacco, cannabis, amphetamines, cocaine, choogens, designer drugs & solvent Pagy: Environmental Toxicology Number of compet fibe toxic pollution of environment, its medico-legal aspects & K K/KH Y The medico-legal aspects of poisoning in Workman's K K/KH Y	ind wasp sting and spider bite discussion, Autopsy Day: Sociomedical Toxicology Number of competencies: (01) The features and management of ebuse/poisoning with gramman and management of ebuse/poisoning with gramman and discussion, Autopsy choogens, designer drugs & solvent Day: Environmental Toxicology Number of competencies: (02) The loxic pollution of environment, its medico-legal sepects & K K/KH Y Lecture, Small group discussion The medico-legal espects of poisoning in Workman's K K/KH Y Lecture, Small group	and wasp sting and spider bite discussion, Autopsy Number of competencies: (01) Number of proces Number of competencies: (01) Number of proces Number of competencies: (02) Number of proces Number of competencies: (02) Number of proces Number of competencies: (02) Number of proces Number of competencies: (03) Number of proces Number of proces Number of competencies: (03) Number of proces Number o	orgy: Sociomedical Toxicology Number of competencies: (01) Number of procedures that in the features and management of abuse/poisoning with gramman and management of abuse/poisoning with k K/KH Y Lecture, Small group discussion, Autopsy choogens, designer drugs & solvent Orgy: Environmental Toxicology Number of competencies: (02) Number of procedures that in the loxic pollution of environment, its medico-legal aspects & K K/KH Y Lecture, Small group discussion Written/ Viva voce discussion	Individual space of procedures that require certification (Nicheland Competencies) (01) Number of procedures that require certification (Nicheland Competencies) (01) Number of procedures that require certification (Nicheland Competencies) (02) Number of procedures that require certification (Nicheland Competencies) (02) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03) Number of procedures that require certification (Nicheland Competencies) (03)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P		Suggested Teaching Learning method	Suggested Assessment method	Number required to certify	Vertical Integration	Horizontal Integration
							P		
fopic: 84	ills in Forensic Medicine & Toxicology	Num	ber of c	mpeler	ıcles: (22)	Number of procedur	es that req	uire certification: (NIL)	
FM14.1	Examine and prepare Medico-legal report of an Injured parson with different ctiologies in a simulated/ supervised environment	5	SHIP	Y	Bedside clinic (word/ 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	Cog 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 polsoning, along with clinical examination		ŞH	Y	Bedside clinic, Small Group discussion, DOAP session	Skill lat/ Viva voce		General Medicine	
FM14.4	Conduct and prepare report of salimation of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment		КН	Υ	Small group discussion, Demonstration	Log book/ Skill station/ Viva voce / OSCE			
FM14.5	Conduct & prepare post-mortem examination report of varied ellotogles (at least 15) in a simulated/supervised environment	\$	КН	Ÿ	Small group discussion, Autopsy, DOAP session				
FM14.6	Demonstrate and Interpret medico-legal aspects from examination of hair (human & animal) fibre, senien & other biological fluids	S	КН	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	Ÿ	Small group discussion, Lecture	Log book/Skill station/Viva voce		Palhology, Physiology	
FM 14.8	Demonstrate the correct technique to perform and identify ABO & RH blood group of a person	s	SH	Ÿ		Log book/Skill staticn/Viva voce		Pathology, Physiology	
FM14.9	Demonstrate examination of & present an opinion after examination of skeletal remains in a simulated supervised environment		SH	Ÿ	Small group discussion, DOAP session	Log book/Skill station/Viva voca			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level KIKHI SHIP		Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
,	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	кн	Y	Small group discussion, DOAP session	Log book/Skill station/ Viva voce/ OSPE		***************************************	
	To identify & describe weapons of medicolegal importance which are commonly used e.g. lathi, knife, kripan, axe, gandasa, gupti, farstia, dagger, bhalla, rezor & 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.)	\$	кн	Y	Small group discussion, DOAP session	Log book/Skill stallon/ Viva voce/ OSPE			
M14.12	Describe the contents and structure of bullet and cartridges used & to provide medico-legal interpretation from these	S	кн	Y	Small group discussion, DOAP session	Log book/ Skill station/Viva voce			
M14,13	To estimate the age of focius by post-mortem examination	S	кн	Υ	Small group discussion, DOAP session	Theory/ Clinical assessment/ Viva voce			
M14.14	To examine & prepare report of an allaged accused in repe/unnatural sexual offence in a simulated/ supervised environment		кн	Ÿ	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
M14.16	To examine & prepare medico-legal report of a victim of sexual offence/unnatural sexual offence in a simulated/ supervised environment	S	КН	Ÿ	Small group discussion, DOAP session	Log book/ Skill station/ Viva voca / OSCE			
M14.16	To examine & prepare medico-legal report of drunk person in a simulated/ supervised environment	S	КН	Y	Small group discussion, Bed side clinic, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
M14.17	To identify & draw medico-legal inference from common poisons e.g. dhalura, castor, cannabis, opium, aconile copper suiphate, pesticides compounds, marking nul, oleander, Nex vomica, abrus seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.		кн	Y	Small group discussion, DOAP session	Log book/ Viva voce			
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Number	COMPETENCY	Domain	Level	Core	Suggested Teaching	Suggested	Number	Vertical Integration	Horizontal
	The student should be able to	KISIAIC	K/KH/ SH/P		Learning method	Assessment method	required to certify	varudat integration	Integration
							•		
	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	КН	Y	Small group discussion, DOAP session	Log book/ Skill station/ Vive voce / OSCE	A CONTRACTOR OF THE CONTRACTOR		
	To identify & prepare medico-legal inference from histo-pathological stides of Myocardial Infarction, pnaumonitis, tuberculosts, brain infarct, liver cirrhosts, brain haemorthage, bone fracture, Pulmonary oedema, brain oedema, sool particles, diatoms & wound healing		кн	Ÿ		Log book/ Skill station/ Vive voca			2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -
M14.20	To record and certify dying declaration in a simulated/ supervised environment	ŝ	КН	Υ	Small group discussion, Role Play, Bed side clinic DOAP session	Log book/ Skill station/ Viva voce /OSCE	·		
M14.21	To collect, preserve, seal and dispatch exhibits for DNA-Finger printing using various formats of different laboratories.	S	КН	γ	Small group discussion, Lecture	Log book/ Skill station/Viva voce			
M14.22	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 I professionalism Column D: K – Knows, KH - Knows How, SH - Shows how, P- per Column F: DOAP session – Demonstrate, Observe, Assess, Peri Column H: If entry is P: Indicate how many procedures must be o	forms inde	penden	tiy,	rtification/ graduation				`
ntegrat	ion		************	······				****	
		······································	Hi	ıman A	natomy	······································			
N14.3	Describe the Importance of ossification of lower end of femur & upper end of tibla	K	КН			Viva voce/Practicals	i de la companya de l	Forensic Medicine	
	The second secon		L	רונו			L		

CURRICULUM OF FORENSIC MEDICINE FOR MEDICAL UNDERGRADUATE STUDENTS

Preamble

Main emphasis will be on learning which is competency based, integrated and learner centred with acquisition of skills in the field of Forensic Medicine and Toxicology, emphasizing on their medico-legal relevance and furthermore their inculcating ethical and humanistic values.

1. Vision:

The broad goal of teaching Forensic medicine and Toxicology to an undergraduate student as incorporated in gazette notification is to ensure that learner understands the medico-legal responsibilities as a physicians in primary and secondary care settings. The learner understands the rational approach to the investigation of crime, based on scientific and legal principles. The learner develops the ability to manage medical and legal issues in cases of poisoning / overdose. The learner further understands the medico-legal framework of medical practice and medical negligence. The learner should also understand the codes of conduct and medical ethics and abide by them.

2. Learning Objectives:

Overall, the objectives that are to be achieved in Forensic Medicine and Toxicology are to make an Indian medical graduates aware of their duties as a medical doctor as warranted by law, what all precautions have to be taken to avoid medical negligence etc. The learner should be trained to handle the medicolegal aspects of cases besides their treatment obligations and how to follow the legal procedures while collecting and thereafter giving evidence as an expert witness in the court of law.

- 3. Competencies: The competencies are as per the NMC Curriculum Vol. I (Annexure 01)
- 4. Recommended Teaching Hours for Forensic Medicine & Toxicology Teaching Second Professional teaching hours

Scholing

Total: 50

Lectures:15

Practicals:30

Self Directed Learning:05

Third Professional Part I teaching hours

Total:75

Lectures:25

Practicals:45

Self Directed Learning:05

- 5. Course (Topics, theory, practical, laboratory, clinical, autopsy): As per CBME curriculum laid down by NMC for Indian Medical Graduate.
- 6. Teaching Learning methods:

The curriculum is based on NMC Document UG curriculum Part-1 (available at https://www.nmc.org.in/wp-content/ uploads/2020/01/UG-Curriculum-Vol-I.pdf)
The teaching learning methods, assessment tools, horizontal and vertical integration will be based on the documents from NMC)

Teaching Learning Methods will include methods meant for bothlarge group teachings and small group teachings.

- Large Group teachings: These will basically be conventional and interactive lectures.
- Small Group Teachings: These are the ones which will be required for competencies which require better understanding and questioning and deductive skills and thus will include various formats as per requirement of the teaching to be imparted with more interactive opportunities. These will include Small group Discussions, DOAPs, Autopsy, Role plays, Bedside clinics as per curriculum designed by NMC.
- AETCOM objectives: Learning objectives as per eight modules for II Professional Year and as per five modules for III Professional year will be covered and assessed.

7. Assessment:

- a) Formative Assessment: will be conducted throughout the course on regular intervals.
- b) Internal Assessment: There will be four internal assessments in total with two in Second Professional and two in Third Professional Part-I.
- c) Log Book & Practical Book: Will be maintained by the student wherein they will record all exercises conducted in various sessions. Submission of log book and practical book will be required for eligibility to appear in University Examination

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week.

2028/2

d) Summative Theory, Practical and viva voice assessment with distribution of marks: A university exam will be conducted, at the end of the course in Forensic Medicine in Third Professional Part-I with Examinations of ENT, Ophthalmology and Community Medicine.

Theory Paper: There will be one paper. It will be of 3 hours duration inclusive of initial 20 minutes for MCQ based Part I)and will be of 100 marks.

Theory Question Paper Format: The question Paper will have 4 parts:

Part-I: Multiple Choice Questions : Twenty in number

(20 Marks)

Part-II: Short Notes based on findings, interpretations and medicolegal scenarios:

(4 x 6 Marks = 24 Marks)

<u>Part-III</u>: A. One Long question based on findings, diagnosis, treatment, medicolegal importance and postmortem findings in a particular poisoning.

(16 Marks)

B. Differentiate

2 x 6 marks

(12 Marks)

Part-IV: A. Long question based on classification, findings and medicolegal aspects of topics based on forensic pathology/ clinical FM (16 Marks)

B. Short Notes based on Medical jurisprudence /Forensic Psychiatry/Legal Procedures /recent advances / Toxical x 6 Marks=12 Marks)

Practical and Viva Voice Format:

Practicals: 80 Marks Viva Voice: 20 Marks

A. Practicals:

Station 01: Spotters Exercise: (20 Marks)

Station 02: Exercises: Two Major exercises with viva: (20 Marks each)

- 1) Injury report on MLC format with weapon examination and opinion framing
- 2) Estimation Of Age: X-ray based estimation

Station 03: Two exercises; One from each option(10 Marks each)

Options: A. Certificate documentation Based: Minimum One exercise

- i. MCCD
- ii. Fitness/Sickness
- iii. Dying Declaration
- iv. Examination of case of drunkenness/alcohol examination and opinion forming
- v. Court room Procedure

action mass of

vi. Medical Examination of Person in custody

Option: B Others: Minimum One exercise

- i. Sexual assault: Victim or Accused with SAFE kit
- ii. Examination of Fetus on autopsy/museum specimen
- iii. Skeletal remains
- iv. Postmortem based scenarios
- v. Problem Based Scenarios

B. Viva Voice: Grand Viva

N.

Your

Annexure-4-01.62(ii) Item No. 4-1-62

FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

दिल्ली विश्वविद्यालय

Page No. पुष्ठ संख्या

MINUTES

A meeting of the Committee of Courses & Studies in the Department of Ophthalmology was held on Wednesday, the 09th November, 2022 at 2:30 p.m. in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi, Delhi - 110007.

The names of members, who attended the meeting, are in Annexure - I

The Committee considered and recommended the following:
Cerviculem was pralied for ansexure and
NMC buidelile, were implemented
100 Doller University affiliated
midical colleges by consensus
the all roundeds.
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The meeting ended with a vote of thanks to the chair.

Prof. Rajiv Garg (Chaikperson)

Parig SK Mishra

OPHTHALMOLOGY

	Undergraduate Curriculum based on CE LHMC, UCMS &	MAMC		***************************************		**************************************
	Department of Ophi		ξ y			
	Assessment Log book to be mail			Militaria korona massoci da massoci		THE PROPERTY OF THE PARTY OF TH
S. No	Competency	Core	Type of Teaching	Level	Assessment	Integration
	Ity Assessment	*··	······································	m.şt.		dr. 111111111111111111111111111111111111
OP1.1	Describe the physiology of vision	Y	L(1)	KH	T W/V	Physiology (V)
OP1.2	Define, classify and describe the types and methods of	ĪΥ	L (2), SGD	KH	W/V]
	Correcting refractive errors		(1)			
OP1.4	Enumerate the indications and describe the principles of	Y	L(1)	KH	W/V	Í
OCCUPATION AND ADDRESS OF THE PARTY OF THE P	refractive surgery				<u> </u>	•
OP1.5	Define, enumerate the types and the mechanism by which	Y	L(1)	KH	W/V	
	strabismus leads to ambiyopia					
OP1.3	Demonstrate the steps in performing the visual acuity	Y	DOAF (1)	S/SH	logbook	Visual acuity
	assessment for distance vision, near vision, colour vision, the				1	assessment to
	pin hole test and the menace and blink reflexes nexa, orbit	<u> </u>	1	<u></u>		be certified
		er peter reconstruction of	The state of the same of the s		Marin	
OP2.1	Enumerate the causes, describe and discuss the aetiology,	Y	L (3),	КН	W/V	Anatomy (V)
	clinical presentations and diagnostic features of common		SGO (1)			
	conditions of the lid and adnexa including Hordeolum externum/ internum, blepharitis, preseptal cellulitis,					
	dacryocystitis, hemangioma, dermoid, ptosis, entropion, lid			The state of the s	''	
	lag, lagophthalmos	7,000				
OP2.4	Describe the aetiology, clinical presentation. Discuss the	 	1.701	1711	 	
	complications and management of orbital cellulitis	Y	L(1)	KH	W/V	
DP2.5	Describe the clinical features on ocular examination and	 	4	1412		
	management of a patient with cavernous sinus thrombosis	Y		KH	W/V	
OP2.6	Enumerate the causes and describe the differentiating	Υ	1 11 660			interconnectation correspondent deligibility in the con-
	features, and clinical features and management of proptosis	Y	L(1), SGD	KH	W/V	
OP2.7	Classify the various types of orbital tumours. Differentiate the	,	(1)			
w. e	Symptoms and signs of the presentation of various types of	Y	L (1), SGD	KH	W/V	
	ocular tumours		(1)	The second		
DP2.8	List the investigations helpful in diagnosis of orbital tumors.	Υ	L(1)	KH	w/v	
	Enumerate the indications for appropriate referral	,	-1	1713	1 44/4	
DP2.2	Demonstrate the symptoms & clinical signs of conditions	Ψ	DOAP (1)	5	Skill	
	enumerated in OP2.1		100/4 (2)	-	assessment	
DP2.3	Demonstrate under supervision clinical procedures	l v	DOAP (1)	SH	Skill	
	performed in the lid including: bells phenomenon,		3 00/4 (2)	-211	Assessment	
	assessment of entropion/ectropion, perform the		707		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	regurgitation test of lacrimal sac. massage technique in cong.					
PAPER SPENSORS SESSORS ASSESSED	dacryocystitis, and trichiatic cilia removal by epilation					
onjunctive		districtive and a state of the	garan ca a sa a a a canada a ca a a a a a a a a a a a a a a a a		hasinan areasan ili managan B	Mohimumlar second secon
E.E9(Describe the actiology, pathophysiology, ocular features,	Y	L(1),	KH	W/V	***************************************
	differential diagnosis, complications, and management of		SGD(1)			
******	various causes of conjunctivitis		-			
)P3.4	Describe the aetiology, pathophysiology, ocular features,	٧	L (2)	KH	W/V	953660
	differential diagnosis, complications and management of					
-	trachoma.					
P3.5	Describe the aetiology, pathophysiology, ocular features,	Y	L(1)	КН	W/V	2000 - COMMISSION OF STREET, CO. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST
	differential diagnosis, complications and management of					
100 E	vernal catarrh	***************************************				
)P3.6	Describe the actiology, pathophysiology, ocular features,	Υ	L(1)	КН	W/V	The second secon
	differential diagnosis, complications and management of					
027	oterygium					
P3.7	Describe the aetiology, pathophysiology, ocular features,	Y		кн	W/V	:
	differential diagnosis, complications and management of					
02.1	symblepharon	***************************************				
P3.1	Elicit document and present an appropriate history in a	Y	DOAP (1)	SH	Skill	
	patient presenting with a "red eye" including congestion,				Assessment	
22.2	discharge, pain			7074C08000000		Same to all and
P3.2	Demonstrate document and present the correct method of	٧	DOAP (1)	SH	Skill	mente de la companya
	examination of a "red eye" including vision assessment,				Assessment	
	corneal lustre, pupil abnormality, ciliary tenderness		اخا	I	1.	

Caract J. Land Market

OP3.8	Demonstrate correct technique of removal of foreign body	Ϋ́	DOAP (1)	SH	Skill	
P3.9	from the eye in a simulated environment and Demonstrate				Assessment	
P4.8	the correct technique of instillation of eye drops in a					
	simulated environment and Demonstrate technique of					
	removal of foreign body in the cornea in a simulated				***	
	environment (can be combined)	1				l
Ornea)P4.1	T En mainte dans la martin and discuss the transport of the second of th	1	11/41 655	Tur	1 14/01	1.4
21.40-F	Enumerate, describe and discuss the types and causes of corneal ulceration	Y	L (1), SGD	KH	W/V	Anatomy (V)
)P4.7	Enumerate the indications and describe the methods of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(1)	KH	11161	1 204 7
38.41.1	tarsonaphy and reactions and describe the therhoos of	1		i kri	W/V	OP4.7
DP4.2	Enumerate and discuss the differential diagnosis of infective	γ-	L(1),	KH	Twv	Haracanacanacanacanananananananan T
P7.40	keratitis		SGD(1)	I NE	437.4	
)P4.3	Enumerate the causes of corneal edema	₩	L (1),	KH	₩/V	<u> </u>
)P4.6	Enumerate the indications and the types of keratoplasty	Ϋ́	- 1-17	KH	Tw/v	Committee on the second
)P4.4	Enumerate the causes and discuss the management of dry	Ϊ́ν	L(1)	KH	W/V	*
	eac		21.1		777	See
)P4.5	Enumerate the causes of corneal blindness	TY	L (1), SGD	KK	W/V	
)P4,9	Describe and discuss the importance and protocols involved	Ϋ́	(1)	KH	Tw/v	
	in eye donation and eye banking	•	1 ''	in the second		
)P4.10	Counsel patients and family about eye donation in a	Υ	DOAP (1)	SH	Skill	
	simulated environment		including		Assessment	
i.			role play			
clera	A STATE OF THE PROPERTY OF THE		ng m m m m mang, m kangadasabah.	***************************************		in the second
)PS.1	Define, enumerate and describe the aetiology, associated	Υ	L(1)	KH	W/V	Medicine (V)
•	systemic conditions, clinical features complications		-			
**************************************	(Indications for referral and management of episcleritis		ļ	2	!	
)P5.2	Define, enumerate and describe the aetiology, associated	Υ	İ	KH	W/V	,
	systemic conditions, clinical features, complications,				,	
~.~~~	indications for referral and management of scleritis	<u>.</u>	<u></u>	L.,,,,,,,,,,	1	
entra de la companya della companya	terior Chamber	-			•	gracino en como como en en especial en especial en el entre en
)P6.1	Describe clinical signs of intraocular inflammation and	¥	L(2), SGD	KH	W/W	
	enumerate the features that distinguish granulomatous from		(1)			
	non-granulomatous inflammation. Identify acute iridocyclitis			AL ANGEL		
)P6.2	from chronic condition Identify and distinguish acute iridocyclitis from chronic	<u> </u>		MAS J		X * 1 12 12 1 X 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10
/r u.c	iridocyclitis	Y	() ()	KH	M/N	
DP6.8	Enumerate and choose the appropriate investigation for	l v		KH	W/V	er errige mission i de consumera ant e acresca anade cast bibli
P . 18400	patients with conditions affecting the Uvea	1		1211	Anla	
DP6.3	Enumerate systemic conditions that can present as	۲	[L(1)	КН	TW/V	Medicine (H)
	iridocyclitis and describe their ocular manifestations	* .	1 . 145	152.3	1 44/4	taidfurund fist
)P6.4	Describe and distinguish hyphema and hypopyon	У	56D(1)	KH	₩/v	
OP6.S	Describe and discuss the angle of the anterior chamber and	Ý	L(3),	KH	WV	***************************************
	its clinical correlates		SGD(1)	****		
)P6.7	Enumerate and discuss the aetiology, the clinical	Ìγ		KH	W/V	Anatomy (V)
	distinguishing features of various glaucomas associated with		The state of the s			
	shallow and deep anterior chamber. Choose appropriate				·	
	investigations and treatment for patients with above					
***************************************	conditions.					
P6.9	Choose the correct local and systemic therapy for conditions	Υ	1. (9)	KH	W/V	
	of the anterior chamber and enumerate their indications,	į				
	advorse events and interactions					
)P6.6	Identify and demonstrate the clinical features and distinguish	Y	DOAP (1)	SH] Skill	
	and diagnose common clinical conditions affecting the				Assessment	
105 12	anterior chamber	.				
P6.10	Counsel patients with conditions of the iris and anterior	٧	DOAP (1)	SH	Skill	* .
	chamber about their diagnosis, therapy and prognosis in an				Assessment	
A3972 ET	empathetic manner in a simulated environment	L	<u> </u>			(m., 55) 585 585 585 585 585 585 585 585 585
ens IP7.1	Describe the complete way property and the match the state of	1 .,	*****			***************************************
or fall	Describe the surgical anatomy and the metabolism of the lens	¥	L(1)	KH	W/V	Anatomy, (V)
	1	1	1			Biochemistry
P7.2	Describe and discuss the actio-pathogenesis, stages of	Y	L(2),	, KH	W/V	Pathology (V)

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Skirt Shight Land

OP7.4	maturation and complications of cataract		SGD(1)	1		
	Enumerate the types of catoract surgery and describe the	Y	L(1)	KH	w/v	
	steps, intra-operative and post-operative complications of		1 ''	a managara		
	extracapsular cataract extraction surgery.			Dispose Control		
^n	Demonstrate the correct technique of ocular examination in a	Y	DOAP (1)	SH	Skill	
OP7.3		1	20/11 (4)	"	Assessment	
	patient with a cataract	Y	DOAP (1)	SH	Skill	,
OP7.5	To participate in the team for cotaract surgery	ĭ	DOAF(1)	an	Assessment	
				-		
			·	-	/ Logbook	W. account of No. of Street, S
OP7.6	Administer informed consent and counsel patients for	Y	DOAP(1)	SH	Skill	٠
	cataract surgery in a simulated environment				Assessment	
Retina and	Optic Nerve		***************************************	200 00000000000000000000000000000000000		
OP8.1	Discuss the aetiology, pathology, clinical features and	Y	L (1)	i KH	W/V	Anatomy, (V)
OPOLI	management of vascular occlusions of the retina	1	* */	1		Pathology
		<u></u>	L(1)	K	w/v	
OP8.2	Enumerate the indications for laser therapy in the treatment	Y	L (1)	R,	4474	
	of retinal diseases (including retinal detachment, retinal					
	degenerations, diabetic retinopathy & hypertensive					
	retinopathy)			1		+ +
OP8.4	Enumerate and discuss treatment modalities in management	¥	L (2)	KH	W/V	
	of diseases of the retina			-		THE OWNER OF THE PERSON NAMED ASSOCIATION OF THE PERSON NAMED
OP8.5	Describe and discuss the correlative anatomy, aetiology,	Υ	L (2), SGD	KH	W/V	Pupil assessmen
	clinical manifestations, diagnostic tests, imaging and			and and	i	to be certified
·	management of diseases of the optic nerve and visual			a qua		
	3			3		
	pathway	Y	cental	SH	Skill	
OP8.3	Demonstrate the correct technique of a fundus examination	ĭ	SGD (1)	on		
	and describe and distinguish the funduscopic features in a	9			Assessment	
	normal condition and in conditions causing an abnormal					
	retinal exam			-	many of the second of the seco	ichen mierrositamen serienes serienes
Miscellaned	7114			-		
OP9.2	Classify, enumerate the types, methods of diagnosis and	Y	L (2)	KH	W/V	
CA 214	indications for referral in a patient with heterotropia/		7.77	1		
			CT-1		:	
	strabismus	l		K.	WW	Medicine (H)
OP9.3	Describe the role of refractive error correction in a patient	γ	L (1)	Κ	441A	incorrance (iii)
	with headache and enumerate the indications for referral	<u>.</u>		<u> </u>	and the same of th	or a population of extension of the population of property of the extension of the population of the populatin of the population of the population of the population of the po
OP9.4	Enumerate, describe and discuss the causes of avoidable	γ	L (1)	KH	W/V	
	blindness and the National Programs for Control of Blindness	0000		D) (market	1	
	(including vision 2020)	i		Ì		
OP9.5	Describe the evaluation and enumerate the steps involved in	Y	L(2)	KH	W/V	
Or3.3	the stabilisation, initial management and indication for	*	ates.			
			**			
EMINANCIAN SAME OF THE SAME OF	referral in a patient with ocular injury		DOAP (1)	P	Skill	Performance
OP9.1	Demonstrate the correct technique to examine extra ocular	Y	DOAP (1)	r	Assessment	certification
	movements (Uniocular & Binocular)	-			Wapkaament	š .
				1		required
Integrated	Classes				. c. mar. 979-1-1-1	AND SOUTH THE STATE OF THE STAT
With Anato	omy modules (when they take these classes)					· · · · · · · · · · · · · · · · · · ·
********		N	L,SGD	ΚH	W/V	
AN30.5	Explain effect of pitultary tumours on visual pathway	ry management we retre	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	CONTRACTOR OF THE PARTY OF THE	The second secon	
AN30.5 AN31.3	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome	N	L,SGD	KH	W/V	
AN30.5	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and	ry management we retre	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	CONTRACTOR OF THE PARTY OF THE	The second secon	
AN30.5 AN31.3 AN31.5	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus	N Y	L,SGD L,SGD	KH	W/V W/V	
AN30.5 AN31.3	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and	N	L,SGD L,SGD L/LD,	KH	W/V	
AN30.5 AN31.3 AN31.5	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball	N Y	L,SGD L,SGD L/LD, DOAP	KH KH SH	W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball	N Y	L,SGD L,SGD L/LD,	KH	W/V W/V	
AN30.5 AN31.3 AN31.5	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma &	N Y Y	L,SGD L,SGD L/LD, DOAP	KH KH SH	W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion	N Y Y N N N N N N N N N N N N N N N N N	L,SGD L,SGD L,VLD, DOAP L,SGD	KH KH 5H KH	W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cateract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular	N Y Y	L,SGD L,SGD L/LD, DOAP	KH KH SH	W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles	N Y Y N N N N N N N N N N N N N N N N N	L,SGD L,SGD L,VLD, DOAP L,SGD	KH KH 5H KH	W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles	N Y Y	L,SGD L,SGD L/LD, DOAP L,SGD L,SGD	KH KH KH KH	W/V W/V W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles diogy modules (when they take these classes) Describe and discuss functional anatomy of eye, physiology of	N Y Y N N N N N N N N N N N N N N N N N	L,SGD L,SGD L,VLD, DOAP L,SGD	KH KH 5H KH	W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Oescribe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cateract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles and extraocular muscles diogy modules (when they take these classes) Oescribe and discuss functional anatomy of eye, physiology of image formation, physiology of vision including colour vision,	N Y Y	L,SGD L,SGD L/LD, DOAP L,SGD L,SGD	KH KH KH KH	W/V W/V W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles diogy modules (when they take these classes) Describe and discuss functional anatomy of eye, physiology of	N Y Y	L,SGD L,SGD L/LD, DOAP L,SGD L,SGD	KH KH KH KH	W/V W/V W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles and extraocular muscles and extraocular muscles 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	N Y Y	L,SGD L,SGD L/LD, DOAP L,SGD L,SGD	KH KH KH KH	W/V W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles and extraocular muscles and extraocular muscles 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	N Y Y	L,SGD L,SGD L/LD, DOAP L,SGD L,SGD	KH KH KH KH	W/V W/V W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles and extraocular muscles diogy modules (when they take these classes) 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 Describe and discuss the physiological basis of lesion in visual	Y	L,SGD L,SGD L/LD, DOAP L,SGD L,SGD	KH KH KH KH KH KH KH KH	W/V W/V W/V W/V	
AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles alogy modules (when they take these classes) 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 Describe and discuss the physiological basis of lesion in visual pathway	N Y N N	L, SGD L, SGD L, SGD L, SGD L, SGD L, SGD	KH KH KH KH KH KH KH KH	W/V W/V W/V W/V	
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AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles alogy modules (when they take these classes) 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 Describe and discuss the physiological basis of lesion in visual pathway	Y	L, SGD	KH KH KH KH KH KH KH KH	W/V W/V W/V W/V	
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AN30.5 AN31.3 AN31.5 AN41.1 AN41.2 AN41.3 With Physi	Explain effect of pituitary tumours on visual pathway Describe anatomical basis of Horner's syndrome Explain the anatomical basis of oculomotor, trochlear and abducent nerve palsies along with strabismus Describe & demonstrate parts and layers of eyeball Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles alogy modules (when they take these classes) 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 Describe and discuss the physiological basis of lesion in visual pathway	N Y N N	L, SGD	KH KH SH KH KH	W/V W/V W/V W/V	
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Sion Y	L, DOAP	P	Skill	
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III PROF. M.B.B.S. PART I

OPHTHALMOLOGY

TEMPLATE OF THEORY EXAMINATION PAPER

Background

In exercise of the powers conferred by Section33of the Indian Medical Council Act, 1956 (102 of 1956), the Board of Governors in super-session of Medical Council of India with the previous sanction of the Central Government, have amended the "Regulations on Graduate Medical Education, 1997", by the Regulations which may be called the "Regulations on Graduate Medical Education (Amendment), 2019". Competency based curriculum of the Indian Medical Graduate programme has been implemented for MBBS course starting from academic year 2019-20 onwards. The Regulations have come into force since their publication in the Official Gazette on 4th November 2019.

Salient features of the sub-section on University Examinations of the Regulations on Graduate Medical Education (Amendment), 2019 regarding Theory examination

(Reference: Gazette of India. BOARD OF GOVERNORS IN SUPER-SESSION OF MEDICAL COUNCIL OF INDIA AMENDMENT NOTIFICATION dated the 4th November, 2019. Chapter VI, sub-section 11.2)

Chapter VI of the Regulations on Graduate Medical Education (Amendment), 2019 deals with the Assessment under the Competency based curriculum, and the sub-section 11.2 deals with the University Examinations. It is mentioned that 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 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

There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main exam. In Ophthalmology, there will be theory paper of 100 marks. At least one question in the paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module).

Parat 10.1.23

Template for Theory examination paper

One theory paper with topic-wise distribution as per the syllabus approved by FMS, University of Delhi. Paper of 100 marks to be as per the following template:

Table: Template of theory paper of 100 marks

Part	Type of question	Number of questions	Marks per question	Total marks
A	MCQ	20	1	20
В	LAQ	1	16	16
	SAQ*	2	8	16
C	LAQ	1	16	16
	SAQ	1	-8	8
D	LAQ	1	16	16
	SAQ	1	8	8
			Total marks	100

^{*} The second SAQ of the Part B will be from AETCOM module

The marks distribution across the four parts of the each theory paper will be as per the following template:

Table: Marks distribution by parts in the theory paper

Marks distribution by Part	Allotted marks
PART A	20
PART B	32
PART C	24
PART D	24
Total marks	100

Notes regarding the template for Theory examination paper

- The theory papers will be of 100 marks.
- Duration of paper will be 3 hours (including maximum 20 minutes for the MCQs paper)
- Part A (MCQs) is to be attempted on the provided question paper itself.
- Part B, C and D are to be answered in separate answer-sheets.
- Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- Learner is to write his/her roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.

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Part 3

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Only blue/black ink is to be used for attempting the paper including the MCQ section.
 Use of pencil is only allowed for diagram/graphs.

MCQs:

- Each of the 20 questions will be of single best answer type, where the learner is to indicate the single correct or best answer among the four given options.
- The MCQs can include questions on 'match-the-correct-options', 'correct sequence', clinical scenarios etc. but options to be worded as choosing single correct/best answer.
- Each question will have a stem of the question followed by four choices labelled as A, B, C and D.
- At the end of each MCQ, a square box will be provided where the learner is to indicate his/her answer by writing a single option (among A, B, C or D) within the square box.
- An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will be considered as a wrong response.
- There shall be no negative marking for the MCQs, and one mark will be awarded for each correctly answered question.

Long Answer Questions (LAQ)

- Each LAQ is to be framed with objective smaller sub-parts, indicating clearly marks for each sub-part.
- Each LAQ to preferably be divided into 2-4 sub-parts.
- All the sub-parts within one LAQ to preferably be linked by theme or topic, they should not be unrelated to each other.

Short Answer Questions (SAQ)

- The SAQ can comprise of questions on writing short notes on specific topics, differences between two terms, drawing a schematic diagram etc.
- The second SAQ within part B of each of the two theory papers will be specifically from AETCOM topic.

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Annexure: Sample template of a theory paper

III PROF. M.B.B.S. PART I(ANNUAL / SUPPLE)

OPHTHALMOLOGY

PAPER

Maximum marks: 100

Duration:

3 hours (including MCQs paper – maximum 20 minutes)

Instructions for candidates:

- 1. Write your roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- 2. All questions are to be attempted.
- 3. Part A is to be attempted on the provided question paper itself.
- 4. Part B, C and D are to be answered in separate answer-sheets.
- 5. Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- 6. Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.

PART A 20 marks

Instructions for candidates:

There are 20 questions, each having one mark.

There is no negative marking for a wrong answer.

For each question, indicate your answer by writing the option choice (A, B, C or D) within the square box next to the question.

An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will be considered as a wrong response.

MCQs 1 to 20.

Each question having:

Ouestion stem

Four labelled option choices - A,B,C,D

Square box (for learner to indicate his/her choice of answer)

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III PROF. M.B.B.S. PART I (ANNUAL / SUPPLE)

OPHTHALMOLOGY

PAPER

Duration:

3 hours (including MCQs paper – maximum 20 minutes)

Instructions for candidates:

- 1. Write your roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- 2. All questions are to be attempted.
- 3. Part A is to be attempted on the provided question paper itself.
- 4. Part B, C and D are to be answered in separate answer-sheets.
- 5. Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- 6. Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.

PART B 32 marks

- 1. LAQ 16 marks (marks allocation for sub-parts to be indicated)
- 2. SAQ 8 marks
- 3. SAQ 8 marks (AETCOM module)

PART C 24 marks

- 1. LAQ 16 marks (marks allocation for sub-parts to be indicated)
- 2. SAQ 8 marks

PART D 24 marks

- 1. LAQ 16 marks (marks allocation for sub-parts to be indicated)
- 2. SAQ 8 marks

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FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI दिल्ली विश्वविद्यालय

Page No. पुष्ट संख्या

MINUTES

A meeting of the Committee of Courses & Studies in the Department of ENT was held on Saturday the 07th January, 2023 at 12.00 Noon in the Committee Room. Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi, Delhi – 110007.

The following members were present:

	Dr. Neelima Gupta, ENT. UCMS - Chairperson	
2	Dr. Ishwar Singh. Deptt of ENT, MAMC	11.00
3.	Dr. A. Chakravarti, Deptt of ENT, LHMC	

The Committee considered and recommended the following:

The CCS (ENT) met on 07.01.2023 and reviewed the Course Curriculum of ENT subject of MBBS Third Prof (Part - I) as per NMC guidelines.

The Curriculum of MBBS III Prof. (Part I). ENT was discussed as per NMC guidelines regarding the assessment methodology. The structure of theory paper including marks distribution was modified. (Annexure - I & II)

The structure of practical examination including marks distribution was discussed and decided. (Annexure - III)

Dr Neelima Gupta, Deptt

of ENT, UCMS

Chairperson

Dr. Ishwar Singh

Deptt of ENT, MAMC

Dr. A. Chakravarti

Deput of ENT, LHMC

OTORHINOLARYNGOLOGY (ENT)

	Undergraduate curriculum base			13/12/20	22	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		UCMS	***************************************		·	
	Department of	Otorhi	nolaryngology			
	Assessment Logbook	lo be m	caintained by Student			
S No.	Competency	Core Skill	Type of Teaching	Level	Assessment	Integration
Anatomy an	d Physiology of ear, nose, throat, head & neck			<u> </u>		
ENI.I	Describe the Anatomy & physiology of ear, nose, throat, head & neck	Y	LGD, SGD, Bedside clinic	KH	W/V/Skill Assessment	Anatomy (V)
EN1.2	Describe the pathophysiology of common diseases in ENT	Y	LGD, SGD, Bedside clinic	KH	W/V/Skill Assessment	Physiology (V), Pathology (V)
Clinical Ski	lls	<u> </u>	Taran managan m			
EN2.1	Elicit document and present an appropriate history in a patient presenting with an ENT complaint	Y	LGD, SGD, Bedside clinic	SH	Skill Assessment	and the second s
EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat	Y	Bedside clinic, DOAP session	SH	Skill Assessment	
EN2.3	Demonstrate the correct technique of examination of the ear	Y	Bedside clinic , DOAP session	SH	V/Skill Assessment	and the state of t
EN2.4	Demonstrate the correct technique of performance and interpret tuning fork tests	Y	Bedside clinic , DOAP session	SH	Skill Assessment/OSCE	
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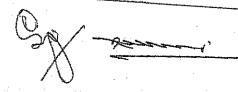
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EN2.6	Demonstrate the correct technique of examining the throat includi the use of a tongue depressor			•	•	
	the use of a tongue depressor	ng Y	Bedside clinic, DOA	T	· ·	
EN2.7		- 1	session	P SH	Skill Assessment	
Service or state, and south the annual annua	Demonstrate the correct technique of examination of neck includis					
	elicitation of laryngeal crepitus	g Y	Redeida all i			
EN2.8		23 4000, 2000, 440	Bedside clinic, DOA	P SH	Skili Assessment	***************************************
C147'8	Demonstrate the current tools.		3055IUII			
	Demonstrate the correct technique to perform and interpret pur tone audiogram & impedance audiogram	eV				
	- Carlo		Redside clinic, DOAF	SH	V/Skill	
EN2.9	Choose correctly and interpret radiological, microbiological &		session			
	histological investigation interpret radiological, suicrobiological	t V			Assessment/OSCE	
	histological investigations relevant to the ENT disorders	Y	LGD, SGD, Bedside	TSH-	****	
EN2.10			clinic, DOAP session	. Just	W/V/Skill	
	Identify and describe the use of common instruments used in ENT	-	***************************************		Assessment	
	am Ber A	Y	LGD, SGD, Bedside	EDE A	***************************************	
EN2.11		1.	clinic, DOAP session	SH	Skill	
	Describe and identify by clinical examination malignant & pre-		20031011		Assessment/OSCE	
1	maiignant ENT diseases maiignant & pre-	Y	LGD, SGD			
EN2.12		1	1 , 500	SH	W/V/Skill	
W. V.C. 1 C.	Counsel and administer information				Assessment	Dentistry (H),
:	Counsel and administer informed consent to patients and their families in a simulated environment	Y	Mariota II			Dermatology (H)
		1	Bedside clinic, DOAP	SH	Skill Manager 2000 100 100 100 100 100 100 100 100 10	
N2.13	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostory)		96221011		Assessment/OSCE	Fig. Adv. and proceedings of the control of the con
	environment (including a simulated	Y			samenvosce	
	environment (including tracheostomy, anterior nasal packing,	· * .	SGD, Bedside clinic,	SH	Skill	
	🖟 and the control of		DOAP session		1	
N2.14	Demonstrate the constraint				Assessment/OSCE	
•	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated	Y				
	into the ear, nose and throat in a simulated environment	ī	Bedside clinic, DOAP	SH		
N2.15	Described		session	W# 3	Skill Assessment	
	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution	-				
	noise & environmental pollution	Y	SGD, SDL	D87	No.	
EPhostic and				SH	W/V	Community
O-west BHU.	Therapeutic procedures in ENT					Marinity
Martin and the second second second second second second	St. Control of the Co	The state of the s		1	1	Medicine (V)

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EN3.1	Observe and describe the indications for and steps involved in the performance of Otomicroscopic examination in a simulated	N	SGD, Bedside clinic, DOAP session	КН	W/V	
	environment		DOAT SESSION		And Philippe State of the Control of	and the second s
EN3.2	Observe and describe the indications for and steps involved in the performance of diagnostic nasal Endoscopy	N	SGD, Bedside clinic, DOAP session	KH	W/V	
EN3.3	Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy	N	SGD, Bedside clinic	KH	. W/V	
EN3.4	Observe and describe the indications for and steps involved in the removal of foreign bodies from ear, nose & throat	N	SGD, Bedside clinic, DOAP session	KH	. W/V	
EN3.5	Observe and describe the indications for and steps involved in the surgical procedures in ear, nose & throat	N	SGD, Bedside clinic	КН	W/V	
EN3.6	Observe and describe the indications for and steps involved in the skills of emergency procedures in ear, nose & throat	N	SGD, Bedside clinic	KH	W/V	
Managemen	t of diseases of ear, nose & throat					
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	Y	SGD, DOAP session, Bedside clinic	SH	W/V/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		SGD, DOAP session, Bedside clinic	SH	W/V/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	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)

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EN4.4	Demonstrate the correct technique to hold visualize and assess the mobility of the tympanic membrane and its mobility and interpret and interpret and diagrammatically represent the findings	Y	SGD, DOAP session, Bedside clinic	SH	W/V/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	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)
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	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/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	· • · · · · · · · · · · · · · · · · · ·	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skitl 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-	Y	LGD, SGD, -DOAP session, Bedside	SH	W/V/Skill Assessment	
EN4.9	Demonstrate the correct technique for syringing wax from the ear in a simulated environment	***************************************	DOAP session, Bedside clinic	SH	Skill assessment	
EN4.10	Observe and describe the indications for and steps involved in myringotomy and myringoplasty	Y	LGD, SGD	KH	W/V	
EN4.11	Enumerate the indications describe the steps and observe a mastoidectomy	Y	LGD, SGD	KH	W/V	
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	Y	LGD, SGD	SH	W/V/Skill Assessment	General Medicine (H)

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EN4.13	Describe the clinical features, investigations and principles of management Otosclerosis	Υ	LGD, SGD	KH	W/V/Skill Assessment	
EN4.14	Describe the clinical features, investigations and principles of management of Sudden Sensorineural Hearing Loss	Y	SGD	KH	W/V/Skill Assessment	:
EN4.15	Describe the clinical features, investigations principles of management of Noise Induced Hearing Loss	Y	SGD	KH	W/V/Skill Assessment	
EN4.16	Observe and describe the indications for and steps involved in the performance of pure tone audiometry	Y	SGD, DOAP session, Bedside clinic	KH	W/V	
EN4.17	Enumerate the indications and interpret the results of an audiogram	Y	SGD, DOAP session, Bedside clinic	SH	V/Skill assessment	
EN4.18	Describe the clinical features, investigations and principles of management of Facial Nerve palsy	Y	LGD, SGD, Bedside clinic	КН	W/V/Skill Assessment	
EN4.19	Describe the clinical features, investigations principles of management of Vertigo	Y	SGD, Bedside clinic	KH	W/V/Skill Assessment	
EN4.20	Describe the clinical features, investigations principles of management of Meniere's Disease	N	LGD	KH	W/V/Skill Assessment	
EN4.21	Describe the clinical features, investigations principles of management of Tinnitus	Y	SGD	КН	W/V/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		LGD	SIL	W/V/Skill Assessment	

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EN4.23	Describe the clinical features, investigations and principles of management of DNS		SGD	КН	W/V/Skill Assessment	
EN4.24	Enumerate the indications observe and describe the steps in a	Y	SGD	KH	W/V	
	septoplasty	******	1			· · · · · · · · · · · · · · · · · · ·
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	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.26	Efficit 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	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)
EN4.27	Elicit document and present a correct history, demonstrate and describethe clinical features, choose the correct investigations and describe the principles of management of squamosal type of Allergic Rhinitis		LGD	SH	W/V/Skill Assessment	Paediatrics (V)
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		LGD	SH	W/V/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		LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4,30	Elicit document and present a correct history, demonstrate and describethe clinical features, choose the correct investigations and	Y	LGD, SGD, Bedside clinic	SH	W/V/Skill Assessment	>

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жүүүүү жүү жана байдага байган бай	describe the principles of management of squamosal type of Epistaxis					annum manannann mana suu kansuu 1922 Sannum maka ka
EN4.31	Describe the clinical features, investigations and principles of management of trauma to the face & neck	N	SGD	स्या	WW	nnnn mar
EN4.32	Describe the clinical features, investigations and principles ofmanagement of nasopharyngeal Angiofibroma	Y	LGD	KII	W/V	artimeter and the Australia Control of the Australia Control of the Australia Control of the Australia Control
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	Y	LGD, SGD, Bedside		W/V/Skill Assessment	accidental and all all and the energy process or convert to the general accidental and all all and all all all and all all all all all all all all all al
EN4.34	Describe the clinical features, investigations and principles ofmanagement of Tumors of Maxilla	Y	LGD	KH	W/V	alle agreement and a second and a second and a second and a second as a secon
EN4.35	Describe the clinical features, investigations and principles ofmanagement of Tumors of Nasopharynx	N	LGD	KH	W/V/Skill Assessment	an and an angular geography and an angular gradual of a character and a second and a second and a second and a
EN4.36	Describe the clinical features, investigations and principles ofmanagement of diseases of the Salivary glands	Z	SGD	КН	W/V/Skill Assessment	nadikitiki (Militari (Mili
EN4.37	Describe the clinical features, investigations and principles ofmanagement of Ludwig's angina	Y	SGD	KH	W/V/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	Y	SGD	SH	W/V/Skill Assessment	
EN4.39	Elicit document and present a correct history, demonstrate and describethe clinical features, choose the correct investigations and	Y	LGD, SGD, Bedside clinic, DOAP	SH	W/V/Skill Assessment	

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	describe the principles of management of squamosal type of Acute & Chronic Tonsillitis			-		,
EN4.40	Observe and describe the indications for and steps involved in a	Y	SGD	KH	 w/v	
2000	tonsillectomy / adenoidectomy	TOTAL PRODUCE A SURPLINE	e announ der virkhousen Monaren e de reging en right is	1.	CONTRACTOR AND A CONTRA	-
EN4.41	Describe the clinical features, investigations and principles of management of Acute & chronic abscesses in relation to Pharyux	Y	SGD	KH	W/V	
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	Y	LGD, SGD, Bedside clinic	SH	W/V/Skill Assessment	
EN4.43	Describe the clinical features, investigations and principles of management of Acute & Chronic Laryngitis	Y	LGD, SGD, Bedside clinic	KH	W/V	- 47//
EN4.44	Describe the clinical features, investigations and principles of management of Benign lesions of the vocal cord	Y	LGD	KH	W/V	
EN4.45	Describe the clinical features, investigations and principles ofmanagement of Vocal cord palsy	N	LGD	КН	W/V/Skill Assessment	
EN4.46	Describe the clinical features, investigations and principles of management of Malignancy of the Larynx & Hypopharynx	Y	LGD	КН	W/V/Skill Assessment	
EN4.47	Describe the clinical features, investigations and principles ofmanagement of Stridor	X	LGD, SGD	КН	W/V/Skill Assessment	Paediatrics (
EN4.48	Elicit document and present a correct history, demonstrate and describethe clinical features, choose the correct investigations and	Y	SGD	SH	W/V/Skill Assessment	Paediatrics (

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EN4.49	Elicit document and present a correct history, demonstrate and describethe clinical features, choose the correct investigations and describe the principles of management of foreign bodies in the air & food passages	Y	SGD, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)
EN4.50	Observe and describe the indications for and steps involved in tracheostomy	¥	SGD, Bedside clinic	XII		
EN4.51	Observe and describe the care of the patient with a tracheostomy	Υ	SGD, Bedside clinic	КН	WW	
EN4.52	Describe the Clinical features, Investigations and principles ofmanagement of diseases of Oesophagus	Y	SGD	ENT	W/V/Skill Assessment	
EN4.53	Describe the clinical features, investigations and principles ofmanagement of HIV manifestations of the ENT	Y	SGD, SDL	KH	W/V/Skill Assessment	General Medicine (V)

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Annexure - II

Theory Exam

The Theory exam paper will be of 100 marks.

It will consist of three sections.

Section I (20 Marks)

Q.1. Multiple Choice Questions (5 x 2 marks each) = 20

Section II (40 Marks)

- Q.1 Structured Long Question (10 marks)
- Q.2. Structured Long Question (10 marks)
- Q. 3. Short notes $(4 \times 5 \text{ marks}) = 20$

Section III (40 Marks)

- Q.1 Structured Long Question (10 marks)
- Q.2. Structured Long Question (10 marks)
- Q.3. Short notes (4 x 5 marks) = 20

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Annexure - III

Practical Examination = Total 100 marks

Long case - 30 marks

Short case - 20 marks

Skill assessment + method of examination - 20 (10 + 10) marks

Spotting (5 spots of 4 marks each) - 20 marks

Viva voce - 10 marks

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7/1/2013

FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI दिल्ली विश्वविद्यालय

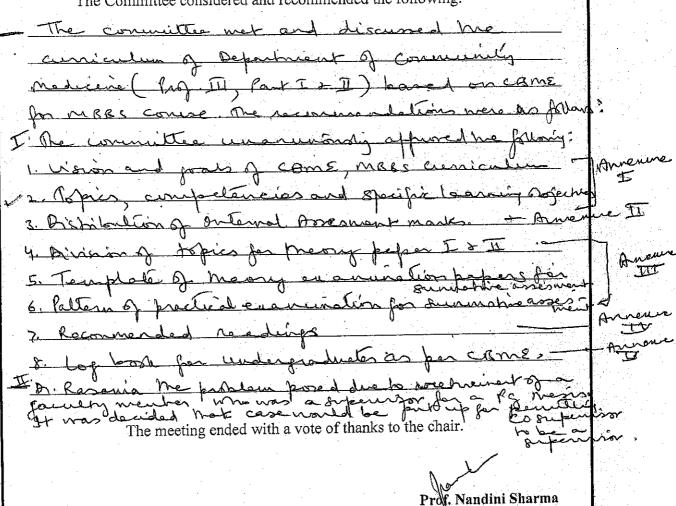
MINUTES

A meeting of the Committee of Courses & Studies in the Department of Community Medicine was held on Thursday, the 08th September, 2022 at 2:30 p.m. in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi, Delhi – 110007.

The following members were present:

	1.	Dr. Nandini Sharma, Head, Deptt of Community Medicine C/o MAMC
	2.	Dr. S.K. Rasania, HOD, Deptt of Community Medicine, LHMC
	3.	Dr. Nazish Rasheed, Deptt of Community Medicine, LHMC
-	4.	Dr. Meghachandra Singh, HOD, Deptt of Community Medicine, MAMC
	5.	Dr. Pragya Sharma, Deptt of Community Medicine, MAMC
r	6.	Dr. Nidhi Bhatnagar, Deptt of Community Medicine, MAMC
	7.	Dr. S.K. Bhasin, Deptt of Community Medicine, UCMS
-	8.	Dr. O.P. Rajoura, Deptt of Community Medicine, UCMS
-	9.	Dr. Madhu Upadhayay, Deptt of Community Medicine, UCMS

The Committee considered and recommended the following:



(Chairperson)

6-4

Vision of Community Medicine:

The Indian Medical Graduate should be a community physician, delivering comprehensive care with compassion, utilizing research, relevant technology, and promoting community health through building community partnerships and advocacy.

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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. 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.

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.

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:-

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

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

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

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

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

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CBME - MBBS - COMMUNITY MEDICINE (Topics, Competencies and Specific Learning Objectives)

No.	Topics, Competencies and Specific	Domain	Level	Core	Suggested	Suggested	Vertical	Horizontal
(A)	Learning Objectives	K/S/A/C	K/KH/	Y/N	T/L	Assessme	integration	Integration
	(B)	(C)	SH/P	(E) _	method	nt	(H)	(1)
			(D)	,	(F)	Method		
					The state of the s	(G)		
	Top	oic: Concep	it of Heal	th and I	Disease			
		•	-	•	CM here): (1	*		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	of the sess	on the st	udent s	hall be able t	O:		
CM	Define and describe the concept of public							
1.1	health						·	
SLO	Explain the concept of health and disease	K .	K	Y	Lecture	Written/		
1.1.1				-		Viva voce	TO THE PROPERTY OF THE PROPERT	
SLO	Describe the changing trends of health and	K	К	γ	Lecture	Written/	<u>.</u>	
1.1.2	disease	Í	da de calendar de la	e constitue de la constitue de	,	Viva voce		
SLO	Define and describe evolution of Public	K	K	Υ	Lecture	Written/		
1.1.3	health				-	Viva voce	Montestande	
CM	Define Health, describe the concept of		anopping				Washington and the same of the	:
1.2	holistic health including concept of			and the state of t			asian de la companya	
	spiritual health and relativeness and		Anna anna anna anna anna anna anna anna	X-100	A		a Control of the Cont	
	determinants of health							
SLO	Know WHO definition of health and	K	K	Υ	Lecture	Written/		
1.2.1	dimensions of health		1			Viva voce	- AND CONTRACTOR OF THE CONTRA	
SLO	Explain the concept and indices of well	K	K	Y	Lecture	Written/		-
1,2.2	being					Viva voce		

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SLO	Describe spectrum of health	K	l K	Ιv	Lecture	Written/	***************************************	
1.2.3	and the second of the second o	**	donner and a second	1 *	Lecture	Viva voce	-	
SLO	Enumerate and describe the determinants	K	K	t _v	Lecture	Written/	The state of the s	
1.2.4	of health	••	and the same of th	1	Small GD	Viva voce		
CM	Describe the characteristics of agent, host,			-		1 1110 1000	***************************************	***************************************
1.3	environmental factors in health and		translatory distribution					
	disease and multifactorial etiology of						State of the state	
	disease		iki maya Norina da	1		· Co	risade and desirate and desirat	·
SLO	Explain the concept of disease and illness	K	K	γ	Lecture	Written/	kananananananananananananananananananan	######################################
1.3.1		·	alia v v v v v v v v v v v v v v v v v v v	-		Viva voce	Silver Andrews	
SLO	Describe epidemiological triad and web of	K	K	Υ	Lecture	Written/	The state of the s	
1.3.2	disease causation				818. AAA. AAA.	Viva voce		
SLO	Describe the characteristics of agent, host,	К	K	Υ	Lecture	Written/		
1.3.3	environment					Viva voce		:
SLO	Explain the role of interaction between	К	K	Υ	Lecture	Written/Vi		Maria de la companione
1.3.4	agent, host, environment in disease		and the same of th		Small GD	va voce		·
	causation					·	Adventure	
CIVI	Describe and discuss the natural history of							
1.4	disease					***************************************		
SLO	Describe natural history of disease in pre-	K	K	Y	Lecture	Written/Vi		
1.4.1	pathogenesis and pathogenesis phase				·	va voce		
SLO	Explain the terms- risk factors and risk	K	K	Y	Lecture	Written/		
1.4.2	group					Viva voce		
SLO	Explain spectrum of disease and iceberg	K	K	Υ	Lecture	Written/		
1,4.3	phenomenon in disease				Small GD	Viva voce		
CM	Describe the application of interventions							(Marie 1980)
1.5	at various levels of prevention					-	Land of the Control o	

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SLO	Describe the Levels of prevention	K	l K	Y	Lecture	Written/		
1.5.1					· ·	Viva voce		TRACTION AND AND AND AND AND AND AND AND AND AN
SLO	Explain the modes of intervention	K	K	Υ.	Lecture	Written/		
1.5.2					T-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C	Viva voce	B-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	- Committee
SLO	Apply above concepts by giving suitable	K	КН	Υ	Lecture	Written/	The second secon	**************************************
1.5.3	example				Small GD	Viva voce		
CM	Describe and discuss the concepts, the							
1.6	principles of Health promotion and				A Control of the Cont	The state of the s		***************************************
	Education, IEC and Behavioral change							*****
	communication (BCC)				-	Ex-average and a second a second and a second a second and a second a second and a second and a second and a		490444444
SLO	Define Health education and Health	K	K	Υ	Lecture	Written/		
1.5.1	Promotion				and development of the second	Viva voce		
SLO	Discuss principles, various approaches and	K	К	Υ	Lecture	Written/		
1.5.2	models of health education	:				Viva voce		
SLO	Define and differentiate between	K	KH	Y	Lecture	Written/		, , , , , , , , , , , , , , , , , , ,
1.6.3	Information Education Communication and		1980-1980-1980-1980-1980-1980-1980-1980-		olkusol <b>A</b> AAA	Viva voce		
	Behaviour Change Communication		***************************************	The state of the s	er canada de la ca	V DV		
SLO	Discuss the role of IEC and BCC in various	K/C	KH	Υ	Lecture	Written/		
1.6.4	national programmes				Small GD	Viva voce		NAME OF THE PARTY
СМ	Enumerate and describe health indicators							
1.7			-		and the second s	THE CONTRACTOR OF THE CONTRACT		
SLO	Enumerate and describe the commonly	K	K	Υ	Lecture	Written/Vi		
1.7.1	used health indicators	'				va voce		
SLO	Explain the importance of health	K	KH	Y	Lecture	Written/Vi		· ************************************
1.7.2	indicators in planning and evaluating				Small GD	va voce		
	health care services		- Account	and		· ·		
SLO	Calculate the commonly used health	S	SH/P	Υ	DOAP	Written/	***************************************	
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1.7.3	indicators with data provided		7		<u> </u>	Viva voce		7~····
	Triminator trici adda prossecu			And in the last of		Skill		And the state of t
	•			1000000		assessme		-
						assessine   nt		
CM	Describe the demographic profile of India,	<b></b>	1	-		1 4 1 2		
1.8	and discuss its impact on health			***************************************		A Paragraphy and Andrews Andre	as upplication of the property	osopiooopiyikki kuruuuna
SLO	Describe the health profile of India in	K	К	γ	Lecture	Written/		
1.8.1	terms of commonly used indicators					Viva voce		
SLO	Explain the role of demographic profile on	K	KH	Υ	Lecture	Written/		
1.8.2	health				Small GD	Viva voce		
SLO	Interpret and compare the major health	. K	KH	Υ	Lecture	Written/		
1.8.3	indicators of neighborhood countries (IMR/MMR/BR/DR)				Small GD	Viva voce	mil model and mi	
CM	Demonstrate the role of effective	<del></del>					AETCOM	december and the control of the cont
1.9	communication skills in health in a					· ·	7.2.100111	
	simulated environment					-	· ·	
SLO	Enumerate and describe various types and	K	К	Υ	Lecture	Written/		
1.9.1	methods of communication		***************************************			Viva voce	***************************************	
SLO	Describe the process and steps of	K	КН	İγ	Lecture	Written/		
1.9.2	communication			of the second	Role play	Viva voce	94.mm	
	the variety of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	***			Small GD			٠.
					Video	Advergence	New Market Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	
SLO	Explain role of good communication in	K/A	KH	1	Lecture	Written/Vi		
1.9.3	influencing health behaviour	-			Case study	va voce	radiamensass	
SLO	Conduct IEC programme using good	K/S/A/C	K/KH/	Y	Role play	Skill		
1.9.4	communication skills		SH/P	EL CONTROL CON	DOAP	assessme	Autoritation	-
					Video	nt	· ·	

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CM	Demonstrate the important aspect of						AETCOM	
1.10	doctor patient relationship in a simulated				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
	environment							
							NOVANA STATEMENT	Manage of the second
SLO .	Describe the doctor patient relationship	K/A	K/KH	Υ	Lecture	Written/		
1.10.1					Small GD	Viva Voce		
		***************************************			<u> </u>	OSPE		
SLO	Explain the importance of communication	K/A	K/KH	Y	Lecture	Written/		
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SLO	Demonstrate how doctor should deal with	A/S/C	SH/P	Y	Role play	Written/		
1.10.3	the patient				Small GD	Viva voce		
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<u> </u>	end of the session the student shall be able t	o:	***************************************	-		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
CM	Describe the steps and perform clinico-	:		-	***************************************		#	o de proposition de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina della constan
2.1	socio-cultural and demographic				and the second		Additional services	
	assessment of individual, family,	į						<b>V</b> ANDERS AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
616	community				-			
SLO	Explain the importance of socio-cultural	K	K	Y	Lecture	Written/Vi	·	Avenue
2.1.1	and demographic assessment in health				Small GD	va voce	anna vana vana vana vana vana vana vana	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th
-	care			-			***************************************	
SLO	Describe steps of socio-cultural and	K	K/KH	Y	Lecture	Written/		
2.1.2	demographic assessment				Small GD	Viva Voce		

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SLO 2.1.3	Perform socio-cultural and demographic assessment	A/S	KH/SH /P	Y	Field visit Small GD DOAP	Skill assessme nt		
SLO 2.1.4	Correlate these factors at individual, family and community level	K	KH	¥	Role play Small GD DOAP	Skill assessme nt		
CM 2.2	Describe the socio-cultural factors, family (types), its role in health and disease and demonstrate in a simulated environment the correct assessment of socio-economic status							
SLO 2.2.1	Describe various types of families, with advantages and disadvantages of each type	K	K	Y	Lecture Small GD	Written/ Viva voce		And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
SLO 2.2.2	Describe various socio-cultural factors of and practices followed by families and correlate these factors with health and disease	K/A	K/KH	¥	Lecture Role play Small GD DOAP	Written/ Vivavoce Skill assessme nt	ANTONIO CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTI	
SLO 2.2.3	Describe different socio-economic scales and their application	K/S	K/KH/ SH	Y	Lecture Small GD DOAP	Written/Vi va Voce		2
SLO 2.2.4	Assess socio-economic status of a family using appropriate socio-economic scale	K/S	KH/SH /P	<b>Y</b>	Lecture Role play Small GD DOAP	Written/ Viva Voce Skill assessme nt		

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CM 2.3	Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behavior	ranga Baraga Arman and and Arman Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga Baraga 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SLO 2.3.1	Enumerate barriers to good health and health seeking behavior	K	K	Y	Lecture Small GD	Written/ Viva Voce		de frances <del>more a reservada a reservada</del> a managa,
SLO 2.3.2	Assess health status and health practices of individual, family and community	A/S	KH/SH	Y	Role play Small GD DOAP	Skill assessme nt	The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract o	
SLO 2.3.3	Assess health seeking behavior of individual, family and community	A/S	KH/SH	Y	Role play Small GD DOAP	Skill assessme nt		
SLO 2.3.4	Identify the barriers to good health and health seeking behavior of individual, family and community	K/S	KH/SH	V.	Role play Small GD, DOAP	Skill assessme nt	<ul> <li>4.15 МУЗ-й-мунистительный почений li></ul>	a internativa en en en en en en en en en en en en en
CM 2.4	Describe social psychology, community behaviour and community relationship and their impact on health and diseases				(17.00)	A Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont		
SLO 2.4.1	Describe social psychology and its various aspects	K	K	Y	Lecture	Written/ Viva voce		200
SLO 2.4.2	Describe community behavior and community relationships	K/A	K	Y	Lecture	Written/ Viva voce	g gant ann in spin in their international and a transfer and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an an an annual and an an an an an an an an an an an an an	
SLO 2.4.3	Describe impact of above two on health and diseases	K	K	**************************************	Lecture	Written/ Viva voce		
CM 2.5	Describe poverty and social security measures and its relationship to health and disease							

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SLO	Define poverty, its burden and poverty line	K	K	Īγ	Lecture	1 14/2/24 - /	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
2.5.1	in India	P.	*	in an	recture	Written/ Viva voce		
SLO	Describe various health problems and	K	ĸ	<b>T</b> Y <b>T</b>	Lecture	Written/		
2.5.2	diseases related to poverty	-		***************************************		Viva voce		· ·
SLO	Mention the government policies and	K	K	Y	Lecture	Written/	***************************************	
2.5.3	programmes for social security	,				Viva voce		
	Topic: Env	ironment	al Health	Problem	5			***************************************
	Numb	er of com	petencies	s: (8)				Statement 190
	end of the session the student shall be able to	):						
CM	Describe the health hazards of air, water,						General	en en en en en en en en en en en en en e
3.1	noise, radiation and pollution					- Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons	Medicine, ENT	
SLO	Describe health hazards of air pollution	K	K	Υ	Lecture	Written/		***************************************
3.1.1						Viva voce		
SLO	Describe health hazards water pollution	K	K	Y	Lecture	Written/		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
3.1.2						Viva voce		
SLO	Describe health hazards of noise pollution	K	K	Υ	Lecture	Written/		
3.1.3	***************************************					Viva voce		
SLO	Describe health hazards of radiation	K	K	Υ	Lecture	Written/		***************************************
3.1.4			**************************************			Viva voce		
CM	Describe concepts of safe and wholesome	THE SEC						***************************************
3.2	water, sanitary sources of water, water				**************************************	rianninne.		
	purification process, water quality			7900	***************************************	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	:	
	standards, concepts of water				opour soio	None Translet		
	conservation, and rainwater harvesting				***************************************			-MO3
SLO	Describe safe and wholesome water	K	K	Υ	Lecture	Written/		
3.2.1				. 1	Small	Vîva voce	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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SLO	Enumerate the sources of safe water	K	K	Y	Lecture	Written/		
3.2.2						Viva voce		
SLO	Describe the standards for safe water and	K	K	Y	Lecture	Written/		<del></del>
3.2.3	health problems due to excess and		-		Small	Viva voce		
	deficiency of various substances in water				GD			
SLO	List the different methods of water	K	K	Ty	Lecture	Written/		:
3.2.4	purification at different levels	<b>E</b>			Video	Viva voce	-	
SLO	Discuss the need and importance of water	K	KH	1 Y	Lecture	Written/		
3.2.5	conservation and rainwater harvesting		-		Small	Viva voce		
	•				GD			
					Video		-	
CM	Describe the etiology and basis of water	****			YIGHG	***************************************	Microbiology,	
3.3	borne diseases, jaundice, hepatitis,						General	
	diarrheal diseases			and the second			3	
	and a control to a transfer to the destruction destructs.			in the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the		1	Medicine, Pediatrics	
SLO	Classify water-related diseases	κ	<del> </del> K	ή,	f	1	Pediatrics	
3.3.1	Classify water-related diseases	l N	I N	Y	Lecture	Written/		
SLO	Danile the best and the book	**************************************		-		Viva voce		
1	Describe the burden, epidemiological	K	K	<b>Y</b>	Lecture	Written/	*. "	
3.3.2	determinants, clinical spectrum,			Symulation in a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Small	Viva voce		-
	management and control of water related			· ·	GD			
	diseases		-		<u> </u>			
SLO	Describe the methods of household	K	KH	Y	Lecture	Written/		
3.3.3	purification of water including principle of			estandes .	Small	Viva voce		
	chlorination				GD			
SLO	Demonstrate the steps of handwashing	5	SH/P	Ÿ	Lecture	Written/	er til filmede en elemente ett en til filmete en en er filmete en en en elemente en en en en en en en en en el	***************************************
3.3.4		-			Video	Viva Voce		
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		l a				assessme		
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		***************************************				nt		- I
CM	Describe the concept of solid waste,					No or other lands		
3.4	human excreta and sewage disposal						All the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
SLO	Define solid waste, sewage, sullage and	K	K	γ	Lecture	Written/		
3.4.1	describe the methods of solid waste and					Viva voce		
·	sewage disposal					1		
SLO	Describe health hazards of improper	K	1 K	Y	Lecture	Written/		
3.4.2	disposal of solid waste and excreta			7	Small	Viva voce	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
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					Case	***************************************		
CM	Describe the standards of housing and			-	study			
3.5	effects of housing on health					South Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		
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SLO	Enumerate the standards of healthful	K	K	Υ	Lecture	Written/		
3.5.1	housing				Small	Viva voce		:
	4				GD			
SLO	Discuss the effects of housing conditions	K	KH	γ	Lecture	Written/		***************************************
3.5.2	on health				Small	Viva voce		
					GD		-	
	· ·				Case	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		
				1	study			
SLO	Assess the housing condition of a family	S	SH/P	T _v	Lecture	Written/		accommendation of the second second
3.5.3		-			Family	Viva voce		
					visit	Skill		
					Video	No.		
					1	assessme		
CM	Describe the rule of contact to	·			DOAP	nt		***************************************
<b>.</b> .	Describe the role of vectors in the				A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	1	Microbiology	en ee al fla
3.6	causation of diseases		, t					

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5LO 3.6.1	Define medical entomology and explain the role of vectors in disease transmission	K	K	Y	Lecture Small GD	Written/ Viva voce		
SLO 3.6.2	Enumerate the arthropods of medical importance, along with their related diseases	K	K	Y	Lecture	Written/ Viva voce	A commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of	
CM 3.7	Identify and describe the identifying features and life cycles of vectors of Public Health importance and their control measures	-		O TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE	All the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o		Microbiology	
SLO 3.7.1	Describe the identifying features and life cycles of vectors of public health importance	K	K	Y.	Lecture Small GD Practica	Written/ Viva voce		
SLO 3.7.2	Identify the vectors of public health importance	S	SH		Lecture Small GD Practica	Skill assessme nt		
SLO 3.7.3	Describe the principles and techniques of vector control	K	72007		Lecture Small GD	Written/ Viva voce		
SLO 3.7.4	Discuss the control measures for specific vectors of public health importance	K	KH	Y	Lecture, Small GD	Written/ Viva voce		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
SLO 3.7.5	Explain the role of community in vector control and educate community members	K/A/S	SH	<b>Y</b> .	Lecture Field	Written/ Viva voce		

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CM 3.8	Describe the mode of action, application of commonly used insecticides and rodenticides		A THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY				Pharmacology	44.24 (1)
SLO 3.8.1	Enlist commonly used insecticides and rodenticides and describe their modes of action	K	K	Y	Lecture	Written/ Viva voce		in the second second second second second second second second second second second second second second second
SLO 1. 3.8.2	Discuss the methods of using common insecticides and rodenticides	K	KH	<b>Y</b>	Lecture Small GD	Written/ Viva voce		***************************************
	end of the session the student shall be able to		petencies	s: (3)			**************************************	
CM 2. 4.1	Describe various methods of health education with their advantages and limitations			PEROCONOMINA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTO		2073		
SLO 3. 4.1.1	Define health education and describe the principles, aims and objectives of health education	K	K	**************************************	Lecture	Written/ Viva voce		
SLO 4. 4.1.2	Describe the advantages and limitations of different methods of health education	K	K	Y	Lecture	Written/ Viva voce		processor con a la cue a consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence de consequence
SLO 5. 4.1.3	Describe and demonstrate different methods of health education and its application in public health	K/A/S	SH	<b>Y</b>	Lecture Small GD Role play DOAP	Written/ Viva voce Skili assessme	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	erver in the transfer of the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the transfer the tr

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CM 6. 4.2	Describe the methods of organizing health promotion and education and counseling activities at individual, family and community settings	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				S S S S		
5LO 1. 4.2.1	Discuss the methods of health education used for individual, group and community approach	K	KH	**************************************	Lecture	Written/ Viva voce	A CONTRACT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
SLO 2. 4.2.2	Plan and organize health education sessions at Individual, family and community settings	5	SH	Y	Lecture Role play DOAP	Written/ Viva voce		
SLO 4.2.3	Demonstrate method of counseling an individual	S	IsH	Y	DOAP	Skill assessme nt		
CM 7. 4.3	Demonstrate and describe the steps in evaluation of health promotion and education programme	K	K	Y	Lecture	Written/ Viva voce	A MARIE AND AND AND AND AND AND AND AND AND AND	
SLO 1. 4.3.1 8.	Define evaluation and describe types of evaluation	K	K	Y	Lecture Small GD	Written/ Viva voce		
SLO 2. 4.3.2	Describe the steps of evaluation of a programme	K	КН		Lecture Small GD			
SLO 9. 4.3.3	Evaluate a health promotion and education programme in simulated environment	S	SH	*	Small GD Role play Case study DOAP	Written/ Viva voce OSPE	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	
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CM	end of the session the student shall be able to Describe the common sources of various						General	-
5.1	nutrients and special nutrient		***	***************************************	Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual An	-	Medicine,	
Pasik	requirement as per age, sex, activity,			į			Pediatrics	**************************************
٠	physiological conditions							
SLO	Enumerate the various types of important	K	K	Υ	Lecture	Written/		
5.1.1	nutrients and mention their sources in				Name of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State	Viva voce	or comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of the comments of	
	terms of various food groups							
SLO	Describe the nutritional requirement of	К	KH	Y.	Lecture	Written/		
5.1.2	individuals according to activity status				Small GD	Viva voce		
SLO	Describe the age-related nutritional needs	K	КH	Y	Lecture	Written/	Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Ma	
5.1.3	and needs of special groups like infants,				Small GD	Viva voce	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	
	children and adolescents and that of	- Carana	***			Methodogram		
	pregnant and lactating women							
CM	Describe and demonstrate the correct				-		General	
5.2	method of performing nutritional	opposition of the					Medicine,	
	assessment of individuals, families and			AND THE PERSON NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN			Pediatrics	
	the community by using appropriate			V CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR			· · · · · · · · · · · · · · · · · · ·	
	method							-
SLO	Describe various methods of nutritional	K	K	¥	Lecture	Written/	e	
5.2.1	assessment along with their advantages	O COLOR			Small GD	Viva voce	·	
	and disadvantages							
SLO	Explain the need for nutritional assessment	K	K	¥	Lecture	Written/	**************************************	
5.2.2	of individuals, family and community				Small GD	Viva voce		
SLO	Elicit, document and present nutritional	5	SH/P	Y	DOAP	Skill		
5.2.3	history (24-hour recall) and perform a		****	ppppppallar/dAV	Family	Assessme		
	dietary recall method				visit	nt		
SLO	Perform nutritional assessment for	S	SH/P	<u> </u>	DOAP	Skill		

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5.2.3	individuals, families and community				Family	Assessme nt		***************************************
5.3	Define and describe common nutrition related health disorders (including macro-PEM, Micro-iron, Zn, iodine, Vit. A), their control and management						General Medicine, Pediatrics	
SLO 5.3.1	Define mainutrition and enumerate the associated disorders	К	K	Y	Lecture	Written/ Vivavoce	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	**************************************
SLO 5.3.2	Discuss various macronutrient deficiencies (PEM) and their prevention and control	K	KH	Y	Lecture Small GD	Written/ Viva voce		
SLO 5.3.3	Discuss various micronutrient deficiency (e.g.: Fe, Vit A, Zn, Iodine) disorders and their prevention and control	K	КН	÷V.	Lecture Small GD	Written/ Viva voce		Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro
5.4	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						General Medicine, Pediatrics	
SLO 5.4.1	Define balanced diet, prudent diet and special diets, and describe their nutritional composition	K	K		Lecture Visit to dietetics dept	Written/ Viva voce		
SLO 5.4.2	Prepare diet chart considering socioeconomic, cultural and regional availability and preferences	K/S	KH/SH/		Lecture Small GD DOAP	Written/ Viva voce Skill assessme nt	Annual (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1	
SLO 5.4.3	Develop healthy diet plan for families and individuals of special groups viz. children,	K/S	KH/SH/	Υ.	Lecture Small GD	Written/ Viva voce		***************************************

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	pregnant, lactating, geriatric population				DOAP	Skill assessme nt		
SLO 5.4.4	Plan a diet for individuals with diabetes, hypertension and heart disease and counsel them accordingly	s/c	SH/P	¥	DOAP Role Play	Written/ Viva voce Skill assessme nt		
CM 5.5	Describe the methods of nutritional surveillance, principles of nutritional education and rehabilitation in the context of socio-cultural factors						General Medicine, Pediatrics	
SLO 5.5.1	Define nutritional surveillance, describe its need and describe the method of undertaking nutritional surveillance in a community	K	K		Lecture Small GD	Written/ Viva voce		
SLO 5.5.2	Explain and apply the principles and methods of nutritional education	S/C	SH/P	Y	DOAP Role Play	Written/ Viva voce Skill assessme nt		
SLO 5.5.3	Define nutritional rehabilitation and describe its application in different conditions of malnutrition	S	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Lecture Field visit Visit to peadiatric sdept	OSCE/Cas e discussion /viva		
CM 5.6	Enumerate and discuss the national nutrition policy, important national						Pediatrics	

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	nutritional programmes including ICDS etc.				**************************************			
SLO 5.6.1	Describe the national nutrition policy with its salient features	K	K	Y	Lecture	Written/ Viva voce		
SLO 5.6.2	Explain the goals, objectives and strategies in National Nutrition Mission (POSHAN), Integrated Child Development Services (ICDS), Mid-Day Meal Programme		KH ,	Name of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o	Lecture Small GD	Written/ Viva voce		
5LO 5.6.3	Describe the process of implementation of ICDS programme in the community	K	KH	<b>*</b>	Lecture Visit to ICDS centre	Written/ Viva voce		
SLO 5.6.4	Enumerate other schemes, programs and their strategies on nutrition	K	K	У	Lecture Small GD	Written/ Viva voce	***************************************	-
CIVI 5.7	Describe food hygiene				WII ELII W.	VIVA YOUR		Microbiolo gy
SLO 5.7.1	Define food hygiene and differentiate healthy and unhealthy food practices	K	KH :	-Y	Lecture Small GD	Written/ Viva voce	менто по под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто на под досто	
SLO 5.7.2	Assess food hygiene practices of a family	5	SH/P	. Y	Lecture DOAP Family visit	Written/ Viva voce Skill assessme nt		
SLO 5.7.3	Describe causes and features of food poisoning, along with prevention and control of food poisoning	K	*	*	Lecture Small GD	Written/ Viva voce		
SLO 5.7.4	Outline steps for investigation of an outbreak of food poisoning and outline	K	KH	Y	Lecture Small GD	Written/ Viva voce		

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	measures for prevention and control of food polsoning				AND AND AND AND AND AND AND AND AND AND		
CM 5.8	Describe and discuss the importance and methods of food fortification and effects of additives and adulteration			THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	WAY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO		Pediatrics
SLO 5.8.1	Define and enlist methods of food fortification and describe its importance in health	K	K	Y	Lecture	Written/ Viva voce	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
SLO 5.8.2	Define food adulteration and describe harmful effects of specific adulterants on health	K	K	Y	Lecture Small GD	Written/ Viva voce	
SLO 5.8.3	Describe the legislation related to food safety and standards	К	K	Y	Lecture	Written/ Viva voce	
At the CM	end of the session the student shall be able to Formulate a research question for a study	<b>"</b>		· 3			Concret
CM 6.1	Formulate a research question for a study		over announce over construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the constru	***************************************	and the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to the second framework to th		General Medicine,
SLO 6.1.1	Identify areas of research on health problems, with lacunae in existing knowledge	K	KH	THE PERSON CONTINUES AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRE	Lecture	Written/ Viva voce	Pediatrics
SLO 6.1.2	Formulate research question for study so as to add to existing knowledge	K	KH	Y	Lecture	Written/ Viva voce	
CM 6.2	Describe and discuss the principles and demonstrate the methods of collection, classification, analysis, interpretation and presentation of statistical data		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t				General Medicine, Pediatrics

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SLO	Describe the various sources of health	K	K	Y	Lecture	Written/		
6.2.1	information	AND THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET	SEEDO Aussel	Viva voce		
SLO	Describe the methods of population survey	К	K	Υ	Lecture	Written/		
5.2.2						Viva voce		
SLO	Prepare tables, charts and diagrams for	S	SH/P	Y	Lecture	Written/		annotation .
6.2.3	presentation of data		Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Market Ma		DOAP	Viva voce		
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CM	Describe, discuss and demonstrate the					ayaccons	General	accompany.
6.3	application of elementary statistical						Medicine,	***************************************
	methods including test of significance in					Politica para para per	Pediatrics	
	various study designs			<u> </u>	-			
SLO	Explain sampling and non-sampling error	K	K	Y	Lecture	Written/		
6.3.1						Viva voce	W/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A	<u> </u>
SLO	Explain the concepts of null and alternative	K	KH	Y	Lecture	Written/		-
6.3.2	hypothesis, confidence interval		<u> </u>			Viva voce		
SLO	Enumerate common tests of significance	K	KH .	Y	Lecture	Written/	ANIONAMANA	
6.3.3		<u> </u>	L			Viva voce		
SLO	Work out standard errors of mean and	\$	SH/P	Y	Lecture	Written/		eliteratura
6.3.4	proportion, chi square test			1	DOAP	Viva voce		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
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			rivernientoche			assessme	**···	
		<u> </u>		-l		<u>  nt                                   </u>		
CM	Enumerate, discuss and demonstrate			1		AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND TH	General	
6.4	common sampling		***************************************				Medicine,	
	techniques, simple statistical methods,				-		Pediatrics	
	frequency distribution, measures of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		1		

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	central tendency and dispersion						***************************************	
SLO	Enumerate and describe probability and	К	К	Y	Lecture	Written/	***************************************	
6.4.1	non-probability sampling techniques					Viva voce		
SLO	Explain the concept of normal distribution	K	SH/P	Υ	Lecture	Written/		
6.4.2	and draw a normal curve					Viva voce		
SLO	Analyse the data in terms of location,	S	5H/P	T Y	Lecture	Written/	***************************************	
6.4.3	frequency, central tendency and dispersion	Washington and the second		4	DOAP	Viva voce		20453 Maria 444
		Special Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Con				Skill	Secretary Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	
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	Т	opic: Epi	demiology				· ·	
	Numb	er of con	npetencies	: (09)				were Michigan
At the	end of the session the student shall be able to	o:						N94640400
CM	Define Epidemiology and describe and						Gèneral	***************************************
7.1	enumerate the principles, concepts and						Medicine	
	uses				- Books	res		
SLO	Define epidemiology and explain its	K	K	Υ	Lecture	Written /	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
7.1.1	meaning			· · · · · · · · · · · · · · · · · · ·	***************************************	Viva	-	
SLO	Explain the three main components of	K	К	Υ	Lecture	Written /		**************************************
7.1.2	epidemiology – frequency, distribution and	-				Viva		
	determinants of disease					Skill	5	:
	NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY		•			assessme		
***************************************					. 17.00	nt		
SLO	Enumerate and explain the uses of	K	K	Y	Lecture	Written /		
7.1.3	epidemiology	·				Viva	and a second	
CM	Enumerate, describe and discuss the						General	
7.2	modes of transmission and measures for	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th					Medicine	••••••••••••••••••••••••••••••••••••••
	prevention and control of communicable		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		· · · · · · · · · · · · · · · · · · ·			***

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	and non-communicable diseases	and the second second						***************************************
SLO 7.2.1	Explain the dynamics of transmission of communicable diseases and enumerate the direct and indirect modes of transmission with examples	K	<u>K</u>	<b>Y</b>	Lecture/ Seminar	Written / Viva		
SLO 7.2.2	Describe the measures for prevention and control of communicable diseases targeted towards the reservoir, route of transmission and the susceptible host	K	K/KH	Y	Lecture	Written / Viva		
SLO 7.2.3	Describe the measures for prevention and control of non-communicable diseases through health promotion, disease prevention and control measures	K	K/KH	Y	Lecture	Written / Viva	**************************************	
CM 7.3	Enumerate, describe and discuss the sources of epidemiological data						General Medicine	
5LO 7.3.1	Enumerate the sources of epidemiological data	K	K	Y	Lecture	Written / Viva	-	
SLO 7.3.2	Describe the International Death Certificate with an example of a hypothetical condition	K	K	Y	Lecture	Written / Viva		Althorophysical activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities activities and activities activities and activities activities and activities activities and activities activities activities activities and activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activ
CM 7.4	Define, calculate and interpret morbidity and mortality indicators based on given set of data				A Paragraphic Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control		General Medicine	
SLO 7.4.1	Define and calculate the common measures used in epidemiology – rate, ratio, proportion	K/S	KH/SH/ P	Y	Lecture Small GD DOAP	Written / Viva Skill assessme nt		

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SLO 7.3.2	Enumerate and describe the various morbidity and mortality indicators in common use	K/S	KH/SH	Y	Lecture	Written / Viva	
5LO 7.3.3	Calculate the commonly used indicators from a given set of data	5	SH/P	<b>Y</b>	Lecture DOAP	Written / Viva Skill assessme nt	
CM 7.5	Enumerate, define, describe and discuss epidemiological study designs		***************************************			***************************************	General Medicine
SLO 7.5.1	Enumerate the epidemiological research methods	K	K	Y	Lecture	Written / Viva	
SLO 7.5.2	Discuss the descriptive, analytical and experimental study designs in common use, with example	K	KH	<b>Y</b>	Lecture	Written / Viva	
SLO 7.5.3	Explain the method of analysis and measure the disease and its risk from the various study designs	S	SH	Y	Lecture	Written / Viva	
CM 7.6	Enumerate and evaluate the need of screening tests				Via Education		General Medicine
SLO . 7.6.1	Enumerate the need and uses of screening tests	K	K	Y	Lecture	Written / Viva	
SLO 7.6.2	Explain the criteria to be fulfilled by the disease to be screened and test to be used, for conducting a screening programme	K	K	Y	Lecture	Written / Viva	
SLO 7.6.3	Calculate the validity and predictive accuracy of a screening test using hypothetical data	S	SH/P	ľ	Lecture DOAP	Written / Viva Skill	

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			And Advisor and a second			assessme		
SLO 7.6.4	Enumerate the methods used to evaluate a screening programme	K	K	Y	Lecture	Written / Viva	-	
CM 7.7	Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			The second and second s		General Medicine	Microbiolo gy
SLO 7.7.1	Enumerate the types of epidemics	K	K	Y	Lecture	Written / Viva		
SLO 7.7.2	Draw an epidemic curve	5	SH/P	Y	Lecture DOAP	Written / Viva		
SLO 7.7.3	Enumerate the objectives of epidemic investigation	K	KH	γ	Lecture	Written / Viva		
SLO 7.7.4	Outline and explain the steps of investigation of an epidemic or outbreak	К	KH	Y	Lecture	Written / Viva		
CM 7.8	Describe the principles of association, causation and biases in epidemiological studies	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of			General Medicine	1
SLO 7.8.1	Describe the various types of association with examples	К	K	γ	Lecture	Written / Viva		
SLO 7.8.2	Explain the criteria for establishing causal association with example	К	K	Υ	Lecture	Written / Viva		
SLO 7.8.3	Explain the concept of bias and confounding	K	К	Υ	Lecture	Written / Viva		
SLO 7.8.4	Describe the various types of bias commonly encountered in different study	K		Y	Lecture	Written / Viva		

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	designs	·		- 1				
CM	Describe and demonstrate the application			WALE OF THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AND THE PERSON AN			**************************************	
7.9	of computers in Epidemiology							and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t
SLO	Discuss the use of computer in	K	KH	Y	Lecture	Written /		
7.9.1	epidemiology					Viva		
SLO	Use computer for data entry, data	K	SH/P	Υ	Lecture	Written/		
7.9.2	presentation and simple analysis of data			\$600abbb	DOAP	Viva		
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At the	end of the session the student shall be able to	D:						ri vi vi vi vi vi vi vi vi vi vi vi vi vi
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8.1	and control measures including the use of				NATURAL DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO		Medicine,	gy,
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	care level for communicable diseases							\$7MAGINA
SLO	Describe the measures for prevention of	K	KH	Y	Lecture	Written /		
8.1.1	communicable diseases					Viva		***
SLO	Enumerate the laboratory tests conducted	K	KH	Y	Lecture	Written:/	-	
8.1.2	at the primary health care level					Viva		
SLO	Discuss the management of the common	K	КН	Y	Lecture	Written /		
8.1.3	disease conditions at the level of sub					Viva		
<u></u>	centre and primary health centre							
CM	Describe and discuss the epidemiological			ector transfer			General	
8.2	and control measuresincluding the use of			the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			Medicine	•
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8.2.1	non communicable diseases				***************************************	Viva	arcoconarcia;	
SLO	Enumerate the laboratory tests conducted	K	KH	Υ	Lecture	Written /	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
8.2.2	at the primary health care level	TRIP WITH				Viva		
SLO	Discuss the management of the common	K	KH	Υ	Lecture	Written /	***************************************	
8.2.3	disease conditions at the level of sub	-			and a vaccine	Viva	**	Here
	centre and primary health centre				***************************************			Se contract to the second
CM-	Enumerate and describe disease specific						General	
8.3	National Health Programs including their		To the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	-			Medicine.	A. A. A. A. A. A. A. A. A. A. A. A. A. A
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SLO	Enumerate the national programmes for	K	K	Y	Lecture	Written /		
8.3.1	prevention of communicable and non					Viva	-	. All and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se
	communicable diseases of public health		200					
	importance							
SLO	Outline the objectives, goals and strategies	К	K	Υ	Lecture	Written /	3	***************************************
8.3.2	under each national programme	De-season and the season and the sea			-	Viva		
SLO	Describe the treatment regime followed	К	K	Y	Lecture	Written /	· · · · · · · · · · · · · · · · · · ·	
8.3.3	for the common disease conditions under					Viva		
	the respective national programmes	A.					ii.	
СМ	Describe the principles and enumerate						General	
8.4	the measures to control a disease			***************************************			Medicine,	
	epidemic		***************************************	22.70mm			Pediatrics	
SLO	Explain the principle for control of an	K	Κ	γ.	Lecture	Written /		
8.4.1	epidemic				***	Viva		; ;
SLO	Describe the measures to be implemented	К	КН	Y	Lecture	Written/	nn <mark>Nick (1964 Mei 1969) de para na na nanana na marana na marana na marana na /mark>	
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8.4.2	for control of reservoir, interruption of	<u> </u>		1		Viva		•
	further transmission of the disease and	-				: wiwcz-		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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CIVI	Describe and discuss the principles of					····	General	
8.5	planning, implementing and evaluating			Political			Medicine,	- Andreas
	control measures for disease at			·			Pediatrics	66 is 6 5 7 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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SLO	Describe the method of planning and	K	KH	γ	Lecture	Written /		
8.5.1	implementing measures for prevention	-				Viva		MILITA DA MARIONA
	and control of commonly occurring					Processing of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of		environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental environmental en
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SLO	Discuss the method of evaluation of health	K	KH	Υ	Lecture	Written /		
8.5.2	services at the primary care level, in terms				*	Viva	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	SSS LANCE OF
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CM	Educate and train health workers in					-		
8.6	disease surveillance, control &treatment		-				A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	33334 3334 3334 3334 3334 3334 3334 33
	and health education							
SLO	Explain to the health workers the concept	K	KH/SH	Y	Lecture	Written/		2
8.6.1	of surveillance and surveillance measures					Viva		MANAGE .
	for specific disease conditions							
SLO	Update the health workers on the recent	K	SH	Y	Lecture	Written /		Maria de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition della
8.6.2	revisions of the national programmes for		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t			Viva	Constitution .	Ar Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Parisina and Pa
- CI O	disease prevention and control				***************************************			
SLO	Train and guide health workers on planning	K	SH	Y	Lecture	Written/		
8.6.3	and conducting health education		at the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		Prelimina	Viva	)	endergreen
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Boking

CM	Describe the principles of management of	1		***************************************				
8.7	information systems							
SLO	Describe the principles of management of	К	K	Υ	Lecture	Written /		
8.7.1	Information				n.vv.	Viva	: . : .	· manufacture ·
SLO	Describe the health management	K	K	γ	Lecture	Written /		***************************************
8.7.2	information system for disease control in				and the second	Viva		NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNE
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	Numb	er of cor	npetencies	; {07}	•			r.w.
At the	end of the session the student shall be able t	o:						
CM	Define and describe the principles of			-	***			
9.1	Demography, Demographic cycle, Vital		100 ABA			Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie Annie An	B	
	statistics				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	<u>:</u>		
SLO	Define demography and explain its	K	K	. Y	Lecture	Written/		
9.1.1	principles					Viva		
SLO	Describe the stages of demographic cycle	K	K	Υ	Lecture	Written/		
9.1.2						Viva		
SLO	Enumerate the components included in	K	K	Y	Lecture	Written /		
9.1.3	vital statistics and explain the importance		·			Viva		No. of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contractions of Contrac
	of these in demography			250000000000000000000000000000000000000				and the second
CIVI	Define, calculate and interpret					aan tehnagan	Obstetrics &	
9.2	demographic indices including birthrate,		Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o			- Milanayou	Gynaecology,	1000
	death rate, fertility rates	<u> </u>				:	Pediatrics	
SLO	Define the indicators used in demography	K	K	Y	Lecture	Written/		
9.2.1						Viva		
SLO	Calculate the important indicators using	S	SH/P	Y	Lecture	Written /		
9.2.2	the formulae, from a given data				DOAP	Viva		- Company
		l.				<u> </u>	7	annua gen

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						Skill assessme nt		
SLO 9.2.3	Interpret the results to explain their effect on population of the area		SH	Y	Lecture	Written / Viva		
CM 9.3	Enumerate and describe the causes of declining sex ratio and its social and health implications					and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		
SLO 9.3.1	Define sex ratio	K	K	Y	Lecture	Written / Viva		
SLO 9.3.2	Mention the sex ratio of India and its states, with focus on states with declining sex ratio	K	K	¥	Lecture	Written / Viva		
SLO 9.3.3	Enumerate the causes of declining sex ratio	K	K	Y	Lecture	Written / Viva	- · ·	
SLO 9.3.4	Explain the consequences of declining sex ratio and its social importance	K	K	Y	Lecture	Written / Viva		
CM 9.4	Enumerate and describe the causes and consequences of population explosion and population dynamics of India			-				
SLO 9.4.1	Describe the size and composition of population of India	K	K	Y	Lecture	Written / Viva		
SLO 9.4.2	Define population explosion	K	K	Y	Lecture	Written / Viva		
SLO 9.4.3	Enumerate the causes of population explosion	K	K	Y	Lecture	Written / Viva		

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SLO	Discuss the consequences of population	K	K	ΙY	Lecture	Written /		
9.4.4	explosion on physical, mental, social and environmental health	S COCCORDANCE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	•	- Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andreas - Andr	· · · · · · · · · · · · · · · · · · ·	Viva		
CM 9.5	Describe the methods of population control					A constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of	Obstetrics & Gynaecology	
SLO 9.5.1	Discuss the measures that can be taken for prevention and control of population explosion	K	K	Y	Lecture	Written / Viva		
SLO 9.5.2	Enumerate the commonly used methods of contraception for spacing and limiting of births	K	K	Y	Lecture	Written / Viva		
SLO 9.5.3	Describe each method, along with adverse effects	K	KH	Y	Lecture	Written / Viva		
SLO 9.5.4	Describe the method of implementation of family welfare programme in India	K	K	Y	Lecture	Written / Viva		***************************************
CM 9.6	Describe the National Population Policy			A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR				
SLO 9.6.1	Define the objectives of National Population Policy	К	K	Y	Lecture	Written / Viva		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
SLO 9.6.2	Enumerate the national socio-demographic goals	К	K	Y	Lecture	Written / Viva		
SLO 9.6.3	Describe the strategies designed for population control under the National Population Policy	K	X		Lecture	Written / Viva		
CM 9.7	Enumerate the sources of vital statistics including census, SRS, NFHS, NSSO etc.					2		
SLO	Enumerate the sources of information on	K	K	Y	Lecture	Written /		

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9.7.1	vital statistics					Viva		
SLO	Describe the important sources of	К	К	Y	Lecture	Written /		
9.7.2	information				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	Viva		
	Topic: Reprodu				nealth			
	Numb	er of com	petencies:	(09)			•	100000
	end of the session the student shall be able to	) s 						
CM	Describe the current status of			-	-	***************************************	Obstetrics &	
10.1	Reproductive, maternal, newborn and Child Health	ano come ano come ano come ano come ano come ano come ano come ano come ano come ano come ano come ano come ano	- Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of			o considerate de la constante	Gynaecology, Pediatrics	to non-non-non-non-non-non-non-non-non-no
SLO	Mention the current values for important	K	K	Y	Lecture	Written /	* C 50 50 50 50 50	
10.1.1	indicators related to reproductive,			·	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	Viva		
	maternal, newborn and child health			***		anthrow vote	-	
	(RMNCH) in India				***************************************	ALCO BANKS AND AND AND AND AND AND AND AND AND AND		
SLO	Describe the programmes implemented for	K	K	Υ	Lecture	Written /		****
10.1.2	RMNCH	deservation in the second				Viva		
CNI	Enumerate and describe the methods of		.,				Pediatrics,	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
10.2	screening high risk groups and common						Obstetrics &	
	health problems	****		<u>.</u>			Gynaecology	
SLO	Enumerate the methods of screening high	K	K	Υ	Lecture	Written/		1
10.2.1	risk groups					Viva	i.	
SLO	Describe the method for newborn	K	KH	Y	Lecture	Written /		***
10.2.2	screening		-			Viva		800
SLO	Describe the Rashtriya Bal Swasthya	K	K	Υ	Lecture	Written/		
10.2.3	Karyakram	227 (22200000000000000000000000000000000				Viva		****
SLO	Screen children to identify presence of	K	SH/P	Y	Lecture	Written /	**************************************	
10.2.4	malnutrition				Health	Viva	hannan e	ANCIBARA SA
					Centre	Skill		kilon was
					view and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec			

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CM	Describe local customs and practices						Pediatrics,	
10.3	during pregnancy, childbirth, lactation						Obstetrics &	
	and child feeding practices				and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		Gynaecology	
SLO	Describe the local customs related to	К	K	Υ	Lecture	Written /		**************************************
10.3.1	maternal and child health					Viva		• 1
SLO	Identify beneficial and harmful practices	ĸ	K	Y	Lecture	Written /		***************************************
10.3.2						Viva	Representation of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o	
СМ	Describe the reproductive, maternal,			Name and Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of the Address of t	***************************************		Obstetrics &	
10.4	newborn & child health (RMCH); child				accusion. accus		Gynaecology,	
B1000000000	survival and safe motherhood						Pediatrics	
	interventions							
SLO	Describe the interventions during the	K	K	γ	Lecture	Written /		
10.4.1	antenatal, intranatal and postpartum					Viva		,
	periods for ensuring maternal health			*		<b>8</b>		
SLO	Describe the package of services for child	K	IK	γ	Lecture	Written /		ii istiinaananananananana
10.4.2	survival, promotion of health and					Viva	-	
-	prevention of diseases in children	- C						
SLO	Describe the services for adolescents	K	K	Υ	Lecture	Written /	**************************************	
10.4.3	under the programme					Viva		
CM	Describe Universal Immunization	**************************************				***************************************	Pediatrics	
10.5	Program; Integrated Management of	Bankas Pilipi	00 000		20-00.00			
	Neonatal and Childhood Illness (IMNCI)	in the second			new operation	:	200	:
	and other existing Programs.				0000000	: 100		
SLO	Enlist the disease conditions covered under	K	K	Υ	Lecture	Written /		
10.5.1	the Universal Immunisation Programme	9		and the second		Viva		
Adventure de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de l	and describe the time, site and route of		<b>3</b>	- Landerson	,	0.000		
1		•X <del>ye</del>	entransi anno anno anno piero per savarrar	<del>Mariana de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición dela composición dela composición de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composic</del>	· <del>*</del>		`	

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	administration of each vaccine, and adverse effects						-
SLO 10.5.2	Describe Mission Indradhanush	К	K	Y	Lecture	Written / Viva	
SLO 10.5.3	Enumerate the health problems included in IMNCI	K	K	Y	Lecture	Written / Viva	
SLO 10.5.4	Enlist the criteria for assessment and classification of the various health problems with the help of flowchart	K	K	Y	Lecture	Written / Viva	44 444444
SLO 10.5.5	Describe the management of each health problem	K	KH	Y	Lecture	Written / Viva	**************************************
SLO 10.5.6	Assess, classify and suggest management for a sick child	K	SH/P	*	Lecture Health Centre visit	Written / Viva Skill assessme nt	
CM 10.6	Enumerate and describe various family planning methods, their advantages and shortcomings	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th					·
SLO 10.6.1	Enumerate and classify the temporary and terminal methods of family planning	K	K	Y	Lecture	Written / Viva	en aran aran aran aran aran aran aran ar
SLO 10.6.2	Describe each method in terms of use, contraindication and adverse effects	K	KH	Y	Lecture	Written / Viva	
CM 10.7	Enumerate and describe the basis and principles of the Family Welfare Program including the organization, technical and operational aspects						

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SLO	Describe the family welfare services	K	K	١ ٧	Lecture	Written /		N. C. C. C. C. C. C. C. C. C. C. C. C. C.
10.7.1	provided under the RMNCH+A Programme			ALL DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT		Viva		in a single-propagation
SLO	Describe the organisational structure for	K	K	Υ	Lecture	Written /	3,0000000000000000000000000000000000000	
10.7.2	implementation of the programme			***************************************		Viva	.: :	0.00
CIVI	Describe the physiology, clinical						AND THE POST OF THE PROPERTY OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST OF THE POST O	***************************************
10.8	management and principles of adolescent		in the second	ASADOMERADO	No.			-
	health including ARSH				dicaean			anna di Salaha
SLO	Enumerate common health problems of	K	K	ĪΥ	Lecture	Written /		***************************************
10.8.1	adolescents		***************************************		***************************************	Viva		
SLO	Discuss management of these problems	K	K	Υ	Lecture	Written /		
10.8.2	,					Viva	- :	
SLO	Describe the adolescent reproductive and	K	K	7	Lecture	Written /		
10.8.3	health services (ASRSH) provided under		mi volum make			Viva	•	
	RMNCH+A programme				· ·	1		W
CM	Describe and discuss gender issues and	***************************************						and the second second second second second second second second second second second second second second second
10.9	women empowerment	-		direct seasons.	CZANA resum.	orange distriction of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	:	
SLO	Discuss the gender issues in India	К	l K	T	Lecture	Written /		
10.9.1			**	Very particular to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		Viva		
SLO	Discuss the reasons for gender bias and its	K	K	_Y	Lecture	Written /	OF THE BOOK OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	
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SLO	Enumerate and describe the various types	K	К	Y	Lecture	Written/Vi	***************************************	
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SLO	Enumerate and describe the various types	K	K	Y	Lecture	Written/Vi		
11.1.2	of occupational cancers				W.O.	va voce		
SLO	Enumerate and describe the health	K	K/KH	Y	Lecture	Written/Vi	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
11.1.3	hazards of agricultural workers				Bildhowwenger	va voce		
11.2	Describe the role, benefits and						***************************************	
	functioning of the Employees' State				3040 4040 4040			
	Insurance scheme				***			
SLO	Enlist the establishments covered under	K	K	Y	Lecture	Written/Vi	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
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SLO	Enumerate and describe the benefits	K	K	γ	Lecture	Written/Vi	**************************************	
11.2.2	provided under the ESI Act 1948				(Manager)	va voce		
SLO	Describe the administrative structure for	K	κ	Υ	Lecture	Written/Vi	***************************************	·
11.2.3	implementing the ESI Scheme				маним	va voce		
11.3	Enumerate and describe specific				- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	***************************************		·
	occupational health hazards, their risk		CANCEL CONTRACTOR			***************************************		
	factors and preventive measures							
SLO	Enlist and describe the occupational	K	K	Ÿ	Lecture	Written/VI		
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	·				Visit	-		
SLO	Enlist the different occupational diseases	K	K	У	Lecture	Written/Vi	**************************************	***************************************
11.3.2	due to physical, chemical and biological	and the second	VALUE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY		Factory	va voce	•	-
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SLO	Discuss the measures for prevention of	K	K	Y	Lecture	Written/Vi		***************************************
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SLO 11.3.4	Describe the provisions under the Factories Act 1948, for promotion of health and prevention of diseases in factory workers	K	K	Y	Lecture	Written/Vi va voce		
11.4	Describe the principles of ergonomics in health preservation							
SLO 11.4.1	Define ergonomics	K	К	Y	Lecture	Written/Vi va voce		
SLO 11.4.2	Explain the role and importance of ergonomics in promotion of health of workers and prevention of occupational diseases	K	<b>K</b>	Y	Lecture Factory Visit	Written/Vi va voce		
11.5	Describe occupational disorders of health professionals and their prevention & management	:	1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
SLO 11.5.1	Enlist and describe occupational hazards of health professionals	K	K/KH	Y	Lecture Case study	Written/Vi va voce		
SLO 11.5.2	Discuss prevention and management of occupational disorders of health professionals	K	K	Y	Lecture	Written/Vi va voce		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
			itric service				<del>der ment</del> passe interes in service en nouve de la rigidit de <mark>de la commence consecutiva en entere</mark>	***************************************
At the	ond of the session the student shall be able to		npetencies	(04)				
CM 12.1	Define and describe the concept of Geriatric services						General	

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SLO	Define geriatric age group	K	K	Y	Lecture	Written/Vi		ninada ingiliki mahinin nindikanan pamanan panganan manas mangan B
12.1.1		describer and a second and a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a second a s		-740447-44444444444		va voce		· · · · · · · · · · · · · · · · · · ·
SLO	Discuss the necessity of providing geriatric	K	K	Y	Lecture	Written/Vi		
12.1.2	health services					va voce		
CM	Describe health problems of aged					:	General	
12.2	population						Medicine	man va Alice
SLO	Enumerate and describe the health	К	K	Υ	Lecture	Written/Vi		***************************************
12.2.1	problems occurring due to the aging				Case study	va voce		
·	process				Field Visit		ov.	
SLO	Enumerate and describe the long-term	K	K	T 7	Lecture	Written/Vi		
12.2.2	illnesses commonly occurring in the	a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l			Case study	va voce		***************************************
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SLO	Enumerate and describe the mental health	K	K	Y	Lecture	Written/Vi		
12.2.3	problems likely to occur in the geriatric				Case study	va voce		
	population				Field Visit			
CIVI	Describe the prevention of health				**************************************		General	
12.3	problems of aged population				***************************************		Medicine	
SLO	Describe prevention of physical health	K	K	Y	Lecture	Written/Vi		
12.3.1	problems of the elderly population					va voce		
SLO	Describe prevention mental health	K	К	Υ	Lecture	Written/Vi	**************************************	
12.3.2	problems of the elderly population					va voce		
CM	Describe National program for elderly		1			T-10111161011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011) (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (2011 (20	General	***************************************
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SLO	Mention the salient features of the	K	К	Υ	Lecture	Written/Vi		
12.4.1	National Policy for Older Persons			ľ		va voce		
SLO	State the objectives of the National	K	K	γ	Lecture	Written/Vi		1
12.4.2	Programme for Health Care of the Elderly	Parameter State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State St		:.		va voce	Y III	and in the second
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	(NPHCE)			T	1				!
5LO	Describe the strategies and method of	K	K	Y	Lecture	Written/Vi			
12.4.3	implementation of the NPHCE					va voce	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
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	Numb	er of com	petencies:	(04)		•			
At the e	nd of the session the student shall be able to		·						
CM	Define and describe the concept of				***************************************		General		٤
13.1	Disaster management					.:	Surgery,		
							General		
							Medicine		
SLO	Define disaster	K	К	Υ	Lecture	Written/Vi			
13.1.1						va voce			•
SLO	Enumerate the health hazards following	K	K	Υ	Lecture	Written/Vi		***************************************	
13.1.2	common types of disasters				-	va voce		-	
SLO	Discuss the concept and aspects of disaster	К	K	Y	Lecture	Written/Vi	2	***************************************	•
<u>13.1</u> .3	management				***************************************	va voce	.*		
CM	Describe disaster management cycle		***************************************				General	***	
13.2	-				•	: :	Surgery,		
						and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	General	,	
					0000	***************************************	Medicine		
SLO	Enumerate the phases in the disaster	K	K	Υ	Lecture	Written/Vi			•
13.2.1	management cycle					va voce		a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
SLO	Describe the activities undertaken in the	K	KH	Y	Lecture	Written/Vi		***************************************	:
13.2.2	different phases of the disaster					va voce			
-	management cycle				TOTAL DESIGNATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE				
CM	Describe man-made disasters in the world		***************************************	***************************************	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		General		
13.3	and in India						Surgery,		
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SLO 13.3.1	Describe major man-made disasters that occurred in the world and in India, in the recent past	K	K	Y	Lecture	Written/Vi va voce	TO STOR SALES SALES	
CM	Describe the details of the National	*************************		-	***		General	
13.4	Disaster management Authority	NAMES OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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SLO	Describe the organisational structure of	K	K	*  Y	Lecture	Written/Vi		in periodici menteratura de la compania de la compania de la compania de la compania de la compania de la comp
13.4.1	the National Disaster Management Authority (NDMA)		- - -		Visit NDMA	va voce	no construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the con	our areas and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and
SLO	Enumerate the functions and	K	K	Y	Lecture	Written/Vi		
13.4.2	responsibilities of the NDMA	aaaaannoon,	vanitation.			va voce		
	Num end of the session the student shall be able		mpetencies:	(03)		·		
CM	Define and classify hospital waste				CONTRACTOR OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	***************************************	Andrew Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction	Microbiolo
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SLO	Define biomedical waste	K	***************************************		1.	. 1	E company	Lgv
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14.1.1 SLO 14.1.2	Enumerate the sources of biomedical	K	K	Y	Lecture Lecture	1		EV
SLO	Enumerate the sources of biomedical waste	NICON MARKET				va voce Written/Vi va voce		gy
SLO 14.1.2	Enumerate the sources of biomedical waste  Classify hospital waste according to law	K	K	Y	Lecture	va voce Written/Vi		gy

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						Int		
CM 14.2	Describe various methods of treatment of hospital waste						We then commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commenced and commence	Microbiolo gy
SLO 14.2.1	Describe the various methods of treatment and disposal of hospital waste	K	K	Υ	Lecture	Written/Vi va voce		
SLO 14.2.2	Explain the advantages and disadvantages of each method	K	K	Y	Lecture	Written/Vi va voce		
CM 14.3	Describe laws related to hospital waste management	-						Microbiolo gy
SLO 14.3.1	Describe the categorization of various types of biomedical waste	K	K/KH/S H	· <b>Y</b>	Lecture Hospital Visit	Written/Vi va voce	-	
SLO 14.3.2	Mention the method of segregation of waste at source and by colour coding	KS	K/KH/S/ P	Y	Lecture Hospital Visit	Written/Vi va voce		
SLO 14.3.3	Outline the treatment and disposal options of each category of biomedical waste	K	KH	Y	Lecture	Written/Vi va voce		
	·	opic: Men	tal Health	all according to the second section of the second	Philosopera de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de Carrer de C	eren a segue er er er er er er er er er er er er er		
At the	· · · · · · · · · · · · · · · · · · ·	er of com	petencies:	(03)		•		
CM 15.1	Define and describe the concept of mental Health		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			ann garan ar ann an ann an an an an an an an an an a	Psychiatry	
SLO 15.1.1	Discuss the concept of mental health	K	K	Y	Lecture	Written/Vi va voce		
SLO 15.1.2	Describe the characteristics of a mentally healthy person	K	K	Y	Lecture	Written/Vi va voce		
SLO	Enumerate the factors that lead to mental	K	K	Υ.	Lecture	Written/Vi		<b>X</b>

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15.1.3	illness .	. <mark>Д. Д</mark> угучуны 100 гадагаа 100 гадагаа 100 багайгаас 1987 г.	T	Conductor and the decreases and sends	n and a filled produced and appropriate and the size and execution and executions.	I va voce	-	
CM	Describe warning signals of mental health					and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Psychiatry	
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SLO	Describe warning signs of poor mental	K	K	Y	Lecture	Written/Vi	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Militario accomo a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a mando a man
15.2.1	health					va voce	e Maria de la caración	St. Statements
SLO	Enlist mental and behavioural disorders	K	K	Y	Lecture	Written/Vi		
15.2.2	according to International Classification of					va voce	and the second	
	Diseases .			,		NO.		
CIVI	Describe National Mental Health program						Psychiatry	***************************************
15.3							•	
SLO	Describe the organization and	K	K	Υ	Lecture	Written/Vi	PATRICATION ADMINISTRATION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	
15.3.1	implementation of National Mental Health					va voce		·
***************************************	Programme				1.			XXXII
SLO	Describe the goals and objectives of the	K	K	Υ	Lecture	Written/Vi		
15.3.2	District Mental Health programme					va voce	· .	
SLO	Discuss the salient features of the Mental	K	K	Υ	Lecture	Written/Vi	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
15.3.3	Health Care Act					va voce	:	New York
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		er of com	petencies:	(04)				Transaction and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the second and the s
At the	end of the session the student shall be able to	D:						· ·
CM	Define and describe the concept of Health				300 300 301 301 301 301 301 301 301 301		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	
16.1	planning						**************************************	
SLO	Define health planning	K	K	Y	Lecture	Written/Vi	The Control Control As Angle of proposition of the control of the control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	
16.1.1						va voce		0.000
SLO	Explain the necessity of proper health	K	K	Υ	Lecture	Written/Vi	Annual Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Cont	The interest of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec
16.1.2	planning			-	***	va voce		1000
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Bourney

SLO	Differentiate between objectives, targets	K	K	Y	Lecture	Written/Vi	***************************************	
16.1.3	and goals and discuss the importance of			in the second		va voce		300 ·
	clearly defining these in a health plan						:	-
CIVI	Describe planning cycle		***************************************	***************************************		70000		
16.2					NAME AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O			
SLO	Explain the concept of cycle in health	K	K	γ	Lecture	Written/Vi	ikkanggiriginaan garamaan arawaan arawaan arawaan arawaan arawaan garamaan ah ka ka ka ka ka ka ka ka ka ka ka	
16.2.1	planning		_		X-94-8-9-9-000	va voce		
SLO	Describe the steps in a planning cycle	K	К	Υ	Lecture	Written/Vi		
16.2.2						va voce		V-
SLO	Formulate a plan for any service to be	K	KH	Y	Lecture	Written/Vi		
16.2.3	delivered at the primary health care level					va voce		MAN COLOR
CM .	Describe Health management techniques			**************************************				
16.3					,			. :
SLO	Define management	K	Κ	Υ	Lecture	Written/Vi		
16.3.1						va voce		No. de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la cons
SLO	Describe the various management	K	K	γ.	Lecture	Written/Vi		en en en en en en en en en en en en en e
16.3.2	methods and techniques commonly used					va voce		***
	in the field of health			A. C. C. C. C. C. C. C. C. C. C. C. C. C.	AMODO (ACCOUNT)			NENGAMA
CM	Describe health planning in India and						-	***************************************
16.4	National policies related to health and				NA CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTO			
	health planning				and the second			
SLO	Discuss the recommendations of the	K	K	Y	Lecture	Written/Vi	in the many or an interference of the literal treatile (it) political experience in the	
16.4.1	various health committees that			anax (amus)	·	va voce		
	contributed to planning the health care				· www.www			
	delivery system in India	,			Manage of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat			
SLO	Describe the thrust areas in health care, of	K	K	Y	Lecture	Written/Vi	Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Compan	
16.4.2	the most recent five-year plan			***************************************		va voce		

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SLO	Describe the organisation responsible for	K	K	ΤΥ	Lecture	Written/Vi		<b></b>
16.4.3	formulating developmental plans in India					va voce		arwegen
		alth care o	of the com	 munitv	- <del> </del>	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	THE TOTAL THE TOTAL SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE SECTION OF THE S	
a-><	•		etencies:	-		•		
At the a	end of the session the student shall be able to							
СМ	Define and describe the concept of health					No.		
17.1	care to community				1	:		
SLO	Define community	K	K	Y	Lecture	Written/Vi	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	Annah managan panahan menandah Pada panahada bahkada bahan bahar Pada bah
17.1.1						va voce		
SLO	Explain the importance of providing health	K	K	Υ	Lecture	Written/Vi		
17.1.2	care at the community level	·			L	va voce	THE CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT	
SLO	Describe the method of providing health	K	KH	Υ	Lecture	Written/Vi		
17.1.3	care to a community and families within a					va voce		Name
	community							
CM	Describe community diagnosis							
17.2								-
SLO	Explain the concept and importance of	K/S/A/	K/KH/P	Υ	Lecture	Written/Vi		
17.2.1	community diagnosis	C			Field Visit	va voce		
		*************************			Case study			ricanamananii ilii ilii ilii ilii ilii ilii ili
SLO	Describe aspects on which community	K	K	Y	Lecture	Written/Vi	Earth of the face of the	Signature of June 1991
17.2.2	diagnosis is made	mgmmm.communications.comm.com	and a first transmit requirement finals double			va voce		
SLO	Discuss the method of undertaking	K	K	Υ	Lecture	Written/Vi		
17.2.3	community identification and community	-			A-relations	va voce		WWW.
	diagnosis	DO TOURS SOMEONE MANAGES AND AND AND AND AND AND AND AND AND AND			AND THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE			
SLO	Conduct survey of a community and make	K/A/S	K/KH/P	Y	Lecture	Written/Vi		
17.2.4	community diagnosis				Field Visit	va voce		
					DOAP	Skill	•	
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CM	Describe primary health care, its		www.//			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
17.3	components and principles				A de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	NAME OF THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AND THE OWNER, AN		
SLO	Define primary health care	K	K	Υ	Lecture	Written/Vi	**************************************	
17.3.1			-		***	va voce		:
SLO	Explain the principles of primary health	K	K	Υ	Lecture	Written/Vi		
17.3.2	care and how these are being followed for		and and and and and and and and and and		4	va voce	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	
	service delivery in India	•			WANTED TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT	anadauana.	· ·	
SLO	Enumerate the elements of primary health	К	K	ΤİΥ	Lecture	Written/Vi		***
17.3.3	care				no management	va voce		
SLO	Describe the concept of Universal health	К	K	ΙY	Lecture	Written/VI		***************************************
17.3.4	Coverage				- THINNEY COLOR	va voce		
SLO	Discuss the implementation of Universal	K	K	Y	Lecture	Written/Vi	***************************************	
17.3.5	health Coverage in India		No.		in a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a shear a s	va voce	obcoppediate of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	
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17.4	health and health planning and		***	a annule	200			
	millennium development goals		***************************************	. Marina	-		ec. color	
SLO	Describe the goals, objectives and thrust	K	K	ĺΥ	Lecture	Written/Vi		
17.4.1	areas under the National Health Policy		WATARRET			va voce		· ·
SLO	Discuss the background to formulation of	K	K	Y	Lecture	Written/Vi	· · · · · · · · · · · · · · · · · · ·	
17.4.2	Millennium Development Goals and their					va voce		
	current status of achievement in India		3					
5LO	Enumerate the Sustainable Development	K	K	Y	Lecture	Written/Vi	DNESSA	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
17.4.3	Goals	a. de la companya de la companya de la companya de la companya de la companya de la companya de la companya de				va voce		
CM	Describe health care delivery in India					namental de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la c		
17.5			***************************************		Tankov von der			

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SLO	Enumerate the levels of health care	K	K	Τy	Lecture	Written/Vi	Andrew and the control of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the	
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SLO	Describe the health care delivery system at	K	· K/KH	Y	Lecture	Wiritten/Vi	ninenennennen er en en en en en en en en en en en en en	
17.5.2	various levels in India				Visit	va voce	- -	wanderdookin
SLO	Discuss health care provided by the private	K	К	Υ	Lecture	Written/Vi	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
17.5.3	sector and voluntary organisations					va voce		Meeting
SLO	Describe the role and functions of the	K	K/KH	Y	Lecture	Written/Vi		
17.5.4	various community personnel providing				Field Visit	va voce		To the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th
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CM	Define and describe the concept of							
18.1	International health							
SLO	Discuss the concept and importance of	K	K	Υ	Lecture	Written/Vi		
18.1.1	implementing International Health			LA COMMISSION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	***************************************	va voce		www.
	Regulations (IHR)							Riba (wash
SLO	Define Public Health Emergencies of	К	K	Υ	Lecture	Written/Vi		
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SLO	Describe the guidelines for assessment and	K	KH	Υ	Lecture	Written/Vi		the female of the
18.1.3	notification of disease under the IHR					va voce		
CM	Describe roles of various international					Liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the liver and the li		
18.2	health agencies							
SLO	Enumerate the important agencies working	K	К	Υ	Lecture	Written/Vi	-	
18.2.1	for promotion of international health				Visit	va voce		
SLO	Describe the role and function of each of	K	K	Y	Lecture	Written/Vi		
· lengepura ransaransaransar	4			<u> </u>		***		

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18.2.2	the important agencies along with services provided by the agencies in India	***************************************			100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 100 CO 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	*		petencies					
At the a	end of the session the student shall be able to		i În en êm e novemb	. (03)		•		
CM	Define and describe the concept of		***************************************	,				Pharmacol
19.1	Essential Medicine List (EML)	·		W	-			ogy
SLO	Define essential medicines	K	K	Y	Lecture	Written/Vi	on announcement of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of the Comment of th	
19.1.1		***		****		va voce		
SLO	Discuss the need for use of essential	K	K	Y	Lecture	Written/Vi	elt prijektivansegengelik menenetras ikstyrkestesson om stessom opp	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
19.1.2	medicines			***************************************		va voce		
SLO	Outline the criteria for selection of	K	K	Y	Lecture	Written/Vi	4	
19.1.3	medicines to be included in the Essential		WWW.		*	va voce	15	
	Medicine List		and the second				·	
CM	Describe roles of assential medicine in							Pharmacol
19.2	primary health care						i	ogy
SLO	Describe the National List of Essential	K	K	Υ	Lecture	Written/Vi	:	·
19.2.1	Medicines in India					va voce		
SLO	Discuss the role and advantages of	K	K	Υ	Lecture	Written/Vi	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	
19.2.2	essential medicines in primary health care					va voce		***************************************
CM	Describe counterfeit medicine and its							Pharmacol
19.3	prevention							ogy
SLO	Discuss the extent of the problem of	K	K	. Y	Lecture	Written/Vi	.:	
19.3.1	counterfeit medicine					va voce		v:
SLO	Mention the reasons of counterfeiting of	K	К	Υ	Lecture	Written/Vi	1101 100 1 P 1 P 100 707 1 1 7 207 207 207 207 207 207 207 207 207 2	
19.3.2	medicines	***************************************		***		va voce		
SLO	Describe the measures to prevent	K	K	Υ	Lecture	Written/Vi		
<u></u>								<b>X</b>

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19.3.3	counterfeiting of medicines				Marie Commission Commission (Commission Commission Comm	va voce	ntitotionium a о и настрои в водо водо водо водо водо на том помента водо водо водо водо водо водо водо вод	ginner or produces recorded the State of Flatter and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the
	Topic: Recent a	dvances i	n Commun	ity Me	dicine	en van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van de versche van		en Delikak ne kutti berkala kalandaran pengangan pengangan pengangan pengangan pengangan pengangan pengangan p
			petencies:	(04)				· ·
	end of the session the student shall be able to	):						
CM 20.1	List important public health events of last five years				Made of the American	**************************************		
SLO 20.1.1	List the important public health events that occurred in India in the last five years	K	K	Y	Lecture	Written/Vi va voce		NC 98/9000480000000000000000000000000000000
SLO 20.1.2	List the important public health events that occurred in the world in the last five years	K	K	Y	Lecture	Written/Vi va voce		Top devilence year are an activate to continue year and against
CM 20.2	Describe various issues during outbreaks and their prevention							
SLO 20.2.1	Describe the steps of outbreak investigation	K	KH	Υ	Lecture	Written/Vi va voce	ikas II (1823-1836) (1835-1836) (1836-1836) (1836-1836) (1836-1836) (1836-1836) (1836-1836) (1836-1836) (1836-	and secure and the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of t
SLO 20.2.2	Outline measures for control of outbreak	Κ'	КН	Y	Lecture	Written/Vi va voce	nere verme varren karren kommune verme verme var var var verme verme verme verme verme verme verme verme verme	
SLO 20.2.3	Outline measures for prevention of further occurrence of similar outbreak	K	КН	Υ	Lecture	Written/Vi va voce	AMMANA (AMANA) MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARINA MARI	AN MERINANA MERINANGAN PANGAN PENGANGAN PENGANGAN PENGANGAN PENGANGAN PENGANGAN PENGANGAN PENGANGAN PENGANGAN P
SLO 20.2.4	Prepare a report of outbreak investigation and measures taken	K/S	KH/SH/ P	Y	Lecture Short Project Visit	Written/Vi va voce Skill Assessme nt		
CM 20.3	Describe any event important to Health of the Community							PETER (1960) TERRETOR TERRETORIS (1960) AND AND AND AND AND AND AND AND AND AND
SLO 20.3.1	Describe the important health events that can occur in a community	K	<b>K</b> .	Y	Lecture Video	Written/Vi va voce	O CONTRACTOR (A MARIE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	~2

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SLO 20.4.2	Outline the measures for prevention and control these problems	K	KH	Y	Case Study Lecture	Written/Vi		
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							
SLO. 20.4.1	Describe the salient features of the Clinical establishment Act and Human Organ Transplantation Act	K	K	Y	Lecture	Written/Vi va voce	об в Антеннов на населения в населения в населения в населения в населения в населения в населения в населения	Andrews of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio
SLO 20.4.2	Discuss the role and importance of these Acts in implementing ethical practice of medicine	K	K	Y	Lecture Case study	Written/Vi va voce		

CM indicates the Community Medicine Competency numbers SLO indicates the Specific Learning Objectives numbers

Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. Column D: K – Knows, KH - Knows How, SH - Shows how, F- performs independently, Column F: DOAP session – Demonstrate, Observe, Assess, Perform.

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SLO	Outline the measures for prevention and	K	KH	Y	Lecture	Written/Vi		*
20.4.2	control these problems					va voce	Secretary Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	
CM	Demonstrate awareness about laws				-			
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CM indicates the Community Medicine Competency numbers SLO indicates the Specific Learning Objectives numbers

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.

### **RECOMMENDED READINGS:**

- 1. K Park: Textbook of Preventive and Social Medicine.
- 2. DK Taneja's:Health Policies & Programmes in India.
- 3. Sunder Lal:Textbook of Community Medicine.
- 4. Methods in Biostatistics: BKMahajan.
- 5. IAPSM's Textbook of Community Medicine

### WEBSITES:

- 1. www.nhp.gov.in 2. www.mohfw.nic.in
- 3. www.who.int

Ameure II

# Distribution of Internal Assessment Marks-Medical Undergraduate Course (MBBS) Community Medicine

## University of Delhi

Professional	Theory component	Practical component		
lst Prof	1 ⁵⁴ Term exam – 60 marks			
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2nd Prof	3 rd Term Exam - 40 marks	(80 marks [CP]+20 marks [AETCOM])		
3rd Prof Part 1	4 th Term Exam - 60 marks	100 marks (80 marks [CP]+20 marks [AETCOM])		
Sign torrait	Sent up exam in the pattern of Third Professional Part I exam – 200 marks (Paper-I: 100 and Paper-II: 100)	200 marks		
Total	400 marks	400 marks		
Logbook	50 marks	50 marks		

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100 marks

Final Maximum Internal assessment marks which is to be displayed in the students' marksheet

(80 marks - contributed by the 400 marks of term tests and theory component of Sent Up exam AND 20 marks - contributed by the 50 marks of the logbook theory component)

#### 100 marks

(80 marks - contributed by the 400 marks from Clinical Postings, AETCOM assessment, and Practical component of the Sent-Up exam AND 20 marks - contributed by the 50 marks of the logbook practical component)

#### Note:

- 1. Theory test should consist of MCQ (not more than 20% of marks), SAQ, LAQs and questions from AETCOM module
- 2. Practical exam should consist of Viva voce, Family presentations, Spotters, Epidemiological/Biostatistics exercises.
- 3. Regular record of activities throughout all the phases (i) academic activities (seminar, symposia, quizzes, etc) (ii) activities which involves skill or "shows how" component in competency table (example: participating in health education session, diet plan for a specific individual based on age, gender, physiological status, community survey and assessment on demographic indicators etc.) (iii) AETCOM skill competencies, field visit record and reflection

#### Abbreviations:

CP: Clinical Postings, MCQ: Multiple Choice Questions, SAQ: Short Question Answer, LAQ: Long Answer Question, AETCOM: Attitude, Ethics, and Communication Module

#### Key references:

A. Related excerpt from Regulations of Graduate Medical Education (Amendment) 2019 published in the Gazette of India (Extraordinary) Part III, Section 4, Page 82 and page 83. Published on Nov 6, 2019.

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

- 1. Attendance requirements are 75% 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.
- 2. If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have 75% attendance in each subject and 80% attendance in each clinical posting.
- 3. Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional Part II examination.

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 1 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 internal assessment should be displayed on the notice board within a 1-2 weeks 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.

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B. Relevant excerpt from Medical Council of India. Assessment Module for Undergraduate Medical Education Training Program, 2019: pp 1-29.

Components of 14

- (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 Logbook 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.

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

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MBBS THIRD PROF. PART-1 PRACTICAL EXAMINATION IN COMMUNITY MEDICINE FOR SUMMATIVE ASSESSMENT

Plan for Summative Assessment as per NMC recommendation, 2019

Phase of Course	Practical / Oral / Clinical Examination in Community Medicine	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Third Professional Part-1	Skills competencies acquired during the Professional Development Program (AETCOM module) must be tested during clinical, practical and viva.	Mandatory 50% marks separately in theory and practical (practical / clinical + viva)*
Components of Practical Exam	Distribution of marks (Total Marks: 100)	Assessment to include (Cognitive, Psychomotor & communication skills)
Index Case presentation in relation to family	40 marks	Assessment of Index case in relation to family to include:  Demonstration: History taking, basic clinical examination, environmental, dietary nutritional assessment  Interpreting the findings & Recommendation: Related to family & index case  Communication skills (AETCOM): Advise pertinent to the allotted index case & family specially related to lifestyle
Epidemiology Biostatistics exercises	/ 20 marks (10 X 2)	environment, nutrition and cultural practices etc.  2 Exercises of 10 marks each

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Spots	20 marks (2 X	10)	10 Spots of 2 marks each
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Viva	20 marks	: in the second	
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### Reference:

* Board of governors in super-session of medical council of India, Amendment notification: The Gazette of India (Extraordinary), Part III - Section 4, No. 390, November 6, 2019.

#### Excerpts from the above document are as follows:

NMC Recommendation: Practical / Clinical Examination to be conducted in the laboratories and /or hospital wards (field practice areas)*

Objectives: To assess proficiency and skills to conduct experiments, interpret data and form logical conclusions.

Clinical cases kept in the examination must be common conditions that the learner encounters 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, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, identification of specimens is to be also assessed.

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# III PROF. M.B.B.S. PART I COMMUNITY MEDICINE

# TEMPLATE OF THEORY EXAMINATION PAPERS

#### Background

In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Board of Governors in super-session of Medical Council of India with the previous sanction of the Central Government, have amended the "Regulations on Graduate Medical Education, 1997", by the Regulations which may be called the "Regulations on Graduate Medical Education (Amendment), 2019". Competency based curriculum of the Indian Medical Graduate programme has been implemented for MBBS course starting from academic year 2019-20 onwards. The Regulations have come into force since their publication in the Official Gazette on 4th November 2019.

Salient features of the sub-section on University Examinations of the Regulations on Graduate Medical Education (Amendment), 2019 regarding Theory examination

(Reference: Gazette of India. BOARD OF GOVERNORS IN SUPER-SESSION OF MEDICAL COUNCIL OF INDIA AMENDMENT NOTIFICATION dated the 4th November, 2019. Chapter VI, sub-section 11.2)

Chapter VI of the Regulations on Graduate Medical Education (Amendment), 2019 deals with the Assessment under the Competency based curriculum, and the sub-section 11,2 deals with the University Examinations. It is mentioned that 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 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 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.

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There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main exam. In Community Medicine, there will be 2 theory papers of 100 marks each - total 200 marks, At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module).

### Template for Theory examination paper

Two theory papers with topic-wise distribution as per the syllabus approved by FMS, University of Delhi. Each paper of 100 marks to be as per the following template:

Table: Template of each theory paper of 100 marks

Part	Type of question	Number of questions	Marks per question	Total marks
A	MCQ	10	2	20
В	LAQ	1	16	16
	SAQ*	2	8	16
C	LAQ	1	16	16
~~~	SAQ	1	8	8
D	LAQ	1	16	16
	SAQ	1	8	8
			Total marks	100

^{*} The second SAQ of the Part B will be from AETCOM module

The marks distribution across the four parts of each theory paper will be as per the following template:

Table: Marks distribution by parts in the theory paper

1,44		
Marks distribution b	y Part	Allotted marks
PARTA		20
PART B		32
PART C		24
PART D		24
Total marks		10(1:1:1

Notes regarding the template for Theory examination paper

- Each of the two theory papers will be of 100 marks each
- Duration of paper will be 3 hours (including maximum 20 minutes for the MCQs paper)
- Part A (MCQs) is to be attempted on the provided question paper itself.
- Part B, C and D are to be answered in separate answer-sheets.
- Part A question paper is to be detached and returned back after 20 minutes of the start of
- Learner is to write his/her roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.
- Each of the 10 questions will be of single best answer type, where the learner is to indicate the single correct or best answer among the four given options.
- The MCQs can include questions on 'match-the-correct-options', 'correct sequence', clinical scenarios etc. but options to be worded as choosing single correct/best answer.
- Each question will have a stem of the question followed by four choices labelled as A, B,
- At the end of each MCQ, a square box will be provided where the learner is to indicate his/her answer by writing a single option (among A, B, C or D) within the square box.
- An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will
- There shall be no negative marking for the MCQs, and two marks will be awarded for each correctly answered question.

Long Answer Questions (LAQ)

- Each LAQ is to be framed with objective smaller sub-paris, indicating clearly marks for each sub-
- Each LAQ to preferably be divided into 2-4 sub-parts.
- All the sub-parts within one LAQ to preferably be linked by theme or topic, they should not be unrelated to each other.

Short Answer Questions (SAQ)

The SAQ can comprise of questions on writing short notes on specific topics, differences between two terms, drawing a schematic diagram etc.

The second SAQ within part B of each of the two theory papers will be specifically from

AETCOM topic.

Annexure: Sample template of a theory paper

III PROF. M.B.B.S. PART I (ANNUAL / SUPPLE)

COMMUNITY MEDICINE

PAPER I/II

Maximum marks: 100

Duration:

3 hours (including MCQs paper – maximum 20 minutes)

Instructions for candidates:

- 1. Write your roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- 2. All questions are to be attempted.
- 3. Part A is to be attempted on the provided question paper itself.
- 4. Part B, C and D are to be answered in separate answer-sheets.
- 5. Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- 6. Only blue/black ink is to be used for attempting the paper including the MCQ section.

 Use of pencil is only allowed for diagram/graphs.

PART A

20 marks

Instructions for candidates:

There are 10 questions, each having two marks.

There is no negative marking for a wrong answer.

For each question, indicate your answer by writing the option choice (A, B, C or D) within the square box next to the question.

An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will be considered as a wrong response.

MCQs I to I0.

Each question having:

Question stem

Four labelled option choices - A,B,C,D

Square box (for learner to indicate his/her choice of answer)

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III PROF. M.B.B.S. PART I (ANNUAL / SUPPLE)

COMMUNITY MEDICINE

PAPER I/II

Maximum marks: 100

3 hours (including MCQs paper - maximum 20 minutes) Duration:

Instructions for candidates:

- 1. Write your roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- 2. All questions are to be attempted.
- 3. Part A is to be attempted on the provided question paper itself.
- 4. Part B, C and D are to be answered in separate answer-sheets.
- 5. Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- 6. Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.

32 marks PART B

- 1. LAQ 16 marks (marks allocation for sub-parts to be indicated)
- 2. SAQ 8 marks
- 3. SAQ 8 marks (AETCOM module)

24 marks PART C

- 1. LAQ 16 marks (marks allocation for sub-parts to be indicated)
- 2. SAQ 8 marks

24 marks PART D

1. LAQ - 16 marks (marks allocation for sub-parts to be indicated)

2. SAQ - 8 marks

Division of topics for Community Medicine (Theory) Paper I and Paper II as per CBME curriculum for MBBS Phase III, part I summative assessment

Paper I-Topics 1 to 8

Paper II- Topics 9 to 20

5. no.	Topic	Number of competencies
1	Concept of Health and Disease	10
2	Relationship of social and behavioural factors to health and disease	5 S S S S S S S S S S S S S S S S S S S
3	Environmental Health Problems	8
4	Principles of health promotion and education	
5	Nutrition	8
6	Basic statistics and its applications	4
7	Epidemiology	<u> </u>
8	Epidemiology of communicable and non-	7
	communicable diseases	
9	Demography and vital statistics	
10	Reproductive, maternal and child health	<u>[9</u>
11	Occupational Health	
12	Geriatric services	A special section of the section of
13	Disaster Management	4
14	Hospital waste management	
15	Mental Health	
16	Health planning and management	4
17	Health care of the community	La Companya and Co
18	International Health	2
19	Essential Medicine	
20	Recent advances in Community Medicine	A

*There may be some overlap in certain topics among the two papers

Annew I

Department of Community Medicine University of Delhi

Logbook for MBBS students as per Competency Based Curriculum

Name of the student:	Student's
	Photograph to be pasted here with
Name of the medical college:	student's
ક્ષેત્ર કરેલા સુક્ષેત્ર કરે પ્રકાર કરા હતા. કરી કરી કરી કરા કરા કરા કરા કરા કરા કરા કરા કરા કરા	signature across
University Registration number:	the photograph
Date of joining the college:	The season are strictly and the season are strictly as the season are stric
Roll Number	
Permanent Address:	
Email ld:	L. Vi
Mobile Number:	W
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Note

- 1. The various teaching learning components mentioned in the logbook may be taught in phases different than where it is placed in this document.
- The visits to the Special OPD / Hospital Departments / Organizations (government or nongovernment) may differ across the three medical colleges under the University of Delhi.
- 3. The AETCOM module taught by the Community Medicine Department should be mentioned in the relevant section.
- The Community Medicine Departments in the respective medical colleges should make necessary modifications in the logbook to adapt it to their own teaching learning program.

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Phase I MBBS course	
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Observation: Self Directed learning (SDL)	12
Selected competencies which need to be achieved and documented: Knowledge domain	13
Description of learning outcomes for selected competencies	
Phase II MBBS course	15
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Observation: Visit to Anganwadi Centre	
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Record of Visits	
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Description of learning outcomes for selected competencies	24
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Reflection: AETCOM Module	28
Selected competencies which need to be achieved and documented: Skill domain	25
Selected competencies which need to be achieved and documented: Knowledge domain	31
Record of other activities related to research and acedemics	**************************************
Annexure A - Attendance and marks recorded by the students so that they can track their progress. Note that these entries are NOT VERIFIED by the department/institution	
Attendance for the sessions held by Department of Community Medicine	24
Marks Obtained in the various postings in Community Medicine:	
Marks Obtained: Terminal Examination	9

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Abbreviation

AETCOM -- Attitude, Ethics, and Communication module

AWC - Anganwadi centre

BCC - Behaviour Change Communication

CHC - Community Health Centre

CHD - Coronary Heart Disease

CSSD - Central Sterile Supply Department

IEC - Information; Education, and Communication

NMC - National Medical Combination

SDL - Self Directed Learning

SGT - Small group teaching

DOTS - Directly Observed Treatment Short Course (Tuberculosis)

ART - Anti-Retroviral Therapy (HIV)

PPTCT - Prevention of Parent to Child Transmission (HIV)

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Introduction

Logbook is an essential component for Competency based MBBS curriculum, it carries 20% marks of internal assessment, theory and practical each. This logbook is a record of different activities, community visits done/made by the student. This logbook also specifies the competencies that a student must attain as per the guidelines of the revised new curriculum.

The purpose of loghook is to enable the learner to keep a track of their progress of learning certain competencies and of their achievements. The show-how components and the AETCOM components which are less documented in routine medical course should find a place in logbook.

The timely documentation of the activities done by the student is one of the important characteristics of the assessment of this logbook. Writing observations and reflections in this logbook will serve the purpose of enriching their attitudinal, ethical, professional attributes in the medical profession.

We hope that the learner will make use of the opportunity to use this logbook in a manner that supports their learning progression.

With best wishes,

Department of Community Medicine

Name of the college.....

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Guidelines for the students

- 1. It is the responsibility of the student to keep their logbook entries up-to-date and enter the activities as specified in respective pages and get it signed by supervising Faculty/ Facilitator well in time. The entries must be done, and signatures obtained from the faculty/facilitators within one month of the conduct of the learning activity.
- Students are supposed to carry this logbook duly filled in for all the terminal and sent up examination and at any other time as instructed by the department from time to time.
- The logbook needs to be submitted in the department in original at the time of sent up exam for final evaluation. Students need to collect the logbook before appearance in practical examination of 3nd Phase Part-I Final Prof. It is important that students do not lose this book.
- At places where rating is being done, it must be signed by Faculty or Senior Resident. If the student has to carry out remedial/ repeat tasks, they should get it signed by the same team of Faculty/ Senior Resident who were involved in its teaching.
- The attendance and the marks record in this logbook are intended to help the students to track their own progress.
- The attendance component should reflect number of sessions held and NOT the number of hours.
- The term 'Facilitator' in this document implies senior residents, and second- & third-year postgraduate students in the department of Community Medicine. Signature of the Faculty will also be applicable at places where facilitator's signature has been mentioned.
- The term 'learner' and 'student' are used interchangeably in this document. The term classes and sessions are also used interchangeably in this document.
- 9. In some tables, you will see some blank slots. This is being kept there as CBME being a dynamic entity, some new elements may be introduced later in the curriculum as per the directions of NMC and/or by the department.
- 10. On certain pages, you won't find Faculty/ Facilitator's signature component, e.g., Attendance progress of the students; but the timely documentation of these pages will also be considered in logbook assessment.
- 11. The logbook assessment will be broadly based on:
 - a) Timely documentation and the
 - b) Grades obtained in specified competencies
 - Relevance of the entries made in the Observations/ Reflection writing

◍

Foundation Course

Duration of posting: From...... To

Components:

1. Details of Community Medicine classes in the Foundation Course (FC)

2. Activities done in the department which require writing the observations made by the student: Visit to a PHC/CHC

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Table 1:

Record of Community Medicine classes in the Foundation course

Topic/Place of visits	Date	Attended (Yes/No)	Signature of the student
National health priorities & policies			
2000 - 100 C	2 m - 170 m - 1 m - 170 m - 17		
Field visit to PHC/CHC		200 31 2 30 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Visit to Immunization Clinic	relative manadabada dilika za kika da da da da da da da da da da da da da	many control of the c	
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			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
		The state of the s	
			And Andrew Section 1991 May programme

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Observ	ation 1:
Observ	vation: Visit to a Primary Health centre/Community Health Centre
Date of v	visit
	Write in your own words what did you like about the structure and functioning of the PHC/CHC you visited.
Handard Control of Control	
2.	Write in your own words, in which areas would you like to make improvements in this PHC/CHC, assuming that you are a utilizer of this PHC/CHC?
·	
3. 1	How can this visit help you in the process of becoming a doctor?

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Billian Wester World States and	
Facilitat	or's sign with date Student's sign with date
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Phase I MBBS course

Duration of Phase I MBBS: From...... To

Components

- 1. Competencies which require documentation: Visits Table 2
 2. Activities done in the department which Activities done in the department which require writing the observations made by the student: Self Directed learning — Observation 2

 Competencies which need to be achieved — Table 3
- Description of learning outcomes for selected competencies: Table 4

Table 2:

Record of visits

Place of visits/Learning opportunities	Date	Signature of the student
Hospital department - 1		
Hospital department - 2		y y mar a na mara addadd a'i Mall Nell Stall (Mall Mall Mall Mall Mall Mall Mall
Special OPD - 1		**************************************
Special OPD -2	ann an shift, dann in product of the states place and the state of the	
Organization (Govt/ Non-Govt) - 1		
Organization (Govt/ Non-Govt) - 2		20 mark 1
		100 Mark 1151 S S S S S S S S S S S S S S S S S
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ggermann meilde fall de filmer from general geg a mannomonde lätte 2002 til 25 i Byggggara senor med a halptan se men de filme kannomært betætter 1974		
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Observation 2

Observation: Self Directed learning (SDL)

Days of posting ... From to......

1. What was your observation/experience during the SDL session in Community Medicine?

2. What is the take home message for you?

Facilitator's sign with date

Student's sign with date

*

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Table 3: Selected competencies which need to be achieved and documented: Knowledge domain

Competency addressed	Name of Activity	Dat e dd- mm -yy	Attempt at Activity First or Only (F) Repeat (R) Remedi al (Re)	Rating *	Decision of faculty Completed (C) Repeat (R)Remedial (Re)	Signatur e of Faculty/ Senior Resident with date	Feedback k Receive Signature of student with date
CM1.3 Describe the characteristic	Draw diagram for multifactori	elektronom, rom ad pagladga (ggrind pridd	is	v. v. ranover freez, dit is a Civil a State of The and Civil a State of The and Civil a State of The and Civil	The control of the co	dan, dalah dan da kotalah Pakabaran	
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host and	for		The state of the s			er un objection	-
environmenta. I factors in health and	hypertensio n/ diabetes/ CHD/	voca dilivoca inni Modili	The Common Control of the Control of	Opposite and American Control		on a california property	production occurrences
disease and	obesity etc.		S.	understand the second		-	
the multi		ger van videomende		Message Company			
factorial		oor trease down	rrama di · e		thinds white	54 voletures. 386	
etiology of disease	State of the state	A Allegan Contract	stance converse			100 con 100 co	
CM1.6	Draw	minumento e iniciale del 100 mb m					
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and	any issue of	Company of the Compan	-	u.e.c.			-466A-020CS
Education, IEC and	Public Health		CACC AUTOMORPHIA PRO-	1	o i demonstratore de la construcción de la construc		
Behavioral	Importance	1000	- Charles and	nadac.dem	267gg		CERTIFICATION
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communicati	of paper	for an a second	Car or recover		ccc 22 32wee		American .
on (BCC)							i D a.

*Rating will be done in a scale of A to E, where A is the best performance and those scoring D or E to be given feedback by the Facilitator and repeat. The student must complete the remedial or repeat measures to achieve the respective competencies within one month of the day on which it is first assessed. The remedial/ repeat attempt must be mentioned in the same rows.

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Table 4:

Description of learning outcomes for selected competencies

Competency number and description	Date on which session/s were held	Format of this session: lecture/ SGT/ seminar	Describe what did you learn from this session.
CM3.5 Describe the standards of housing and the effect of housing on health		Activity: Students to develop checklists for survey as mentioned	
	ngito i mananana manana i i i i i i i i i i i i i i i i i	by the Facilitator	

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Phase II MBBS course

Components

- 1. Competencies which require documentation: Visits: Table 5
- 2. Activities done in the department which require writing the observations made by the student:
 - Family Visits: Observation 3 i)
 - Visit to Anganwadi Centre: Observation 4 (i)
- 3. Competencies which need to be achieved: Table 6
- 4. Description of learning outcomes for selected competencies: Table 7

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Table 5:

Record of Visits

Learning Opportunities	Learning object be filled by the		Date	Signature of the Student
Family visit I	A CONTRACTOR OF THE PROPERTY O			***************************************
Family visit 2	A CONTRACTOR OF THE PARTY OF TH		· · · · · · · · · · · · · · · · · · ·	MINISTER STEEL STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS STEELS
Family visit 3		×i ×		
Family visit 4			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	annan a sila dalah sila sila sila sila sila sila sila sila
Family visit 5			V-1 and 1 (1-1) an	the state of the s
Hospital department - 1		**************************************	www.complexicore.complexicore.com compression.com	
Hospital department - 2				
Special OPD - 1		Company of the second of the s		
Special OPD -2				AND AND AND AND AND AND AND AND AND AND
Organization (Govt/ Non- Govt) - 1				
Organization (Govt/ Non- Govt) - 2				
				and the state of t
	Visited in the second s		16 Carper Control of Marian Control of Contr	TRECTOR AND ADDRESS OF THE ADDRESS O

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Observation 3

Obse	rvation: Family Visits Days of posting: FromToTo
1.	What did you observe during the family visits with respect to the health status and determinants of health?
en en en en en en en en en en en en en e	What information related to cultural practices did you find related to birth, death and marriage and food habits?

3.	How these family visits, visiting a person/a patient in his/her residence and surrounding help you to understand the concept of facilitators and barriers to health?
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Carrier of the Carrie	
Fa	ncilitator's sign with date Student's sign with date
	Mayor & St B
	24 F

Obs	ervation 4
Obs	ervation: Visit to Anganwadi Centre
	of posting:
	. What did you observe during your visit to AWC?
. engestion-week/considerant	
Market of the second of the se	

2.	Based on your observations and talking to the health care workers concerned, what are the
***************************************	challenges to reducing child malnutrition in the community?

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The Thirty Theory	The state of the s
Cann	
A CONTRACTOR OF THE PROPERTY O	lator's sign with date Student's sign with date
Month Manager Bayer of Bayers M.	
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er (f) var "Baser (f) var - base	W. W. W.
The providing of the company of the	
Water James galance	18 V

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Table 6: Selected competencies which need to be achieved and documented: Skill domain

Competency # addressed	Name of Activity	Date dd- mm- yy	Attempt at Activity irst (F) Repeat (R) Remedial (Re)	The same that th	Decision of faculty Complet ed (C) Repeat (R)Reme dial	Initial Of Facult y/Seni or Reside nt And date	Feedba ck Receive d Initial of Learne r
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	Family posting: End posting assessment	Commence of the commence of th		Commence and the commence of t			
CM5:2 Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method		Commence was the same tooks again on the same control of the same and		egi various and entered and en	The second secon		
CM9.2 Define, calculate and interpret demographic indices including birth rate, death rate, fertility rate	Demography exercise	And the state of t	A SAME AND A SAME AND	The state of the s			A PARTITION OF THE PART
CM 10.1 Describe the current status of Reproductive, maternal, newborn and Child Health		- Variation		A VENT WAY THE THE THE PROPERTY AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AD			
CM1.9 Demonstrate the role of effective Communication skills in health in a simulated environment (AETCOM)	Assessment in the field			nama communación deligión população população de communación de co		The second of th	for an annual an

*Rating will be done in a scale of A to E, where A is the best performance and those scoring D or E to be given feedback by the Facilitator and repeat. The student must complete the remedial or repeat measures to achieve the respective competencies within one month of the day on which it is first assessed. The remedial/repeat attempt must be mentioned in the same rows.

Table 7:

Description of learning outcomes for selected competencies

Competency Number and description	Date on which session/s were held	Format of this session: lecture/ SGT/ seminar	What did you learn from this session
CM11.5 Describe occupational disorders of health professionals and their prevention &			
management			
	TO A COMMON DELL'ARCHITECTURE	Con Con Con Con Con Con Con Con Con Con	
AETCOM Module*			
Name and number of the module:		American Control of the Control of t	
, , , , , , , , , , , , , , , , , , ,		Townson Live	
	No. of the Contract of the Con	A Commanda e managar inga piris	
		Yes - (4) 35 m of Colombia Advanta	

*The AETCOM Module number and title must be put by the student as it may differ from college to college and year to year.

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Phase III Part 1 MBBS course

Duration of Phase I MBBS: From..... To

Components

- 1. List of Competencies which require documentation:
 - i. Record of Visits Table 8
 - ii. Record of Seminars Table 9
- 2. Description of learning outcomes for selected competencies: Table 10
- 3. Activities done in the department which require writing reflections or observations made by the student
 - i. Family visits and index case workup: Observation 5
 - ii. Visit to Special OPD or Organizations: Observation 6
 - iii. AETCOM Module: Reflective writing
- 4. Competencies which need to be achieved Skill domain: Table 11
- 5. Competencies which need to be achieved Knowledge domain: Table 12

6. Record of other activities related to research and academics: Table 13

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Table 8

Record of Visits

Learning Opportunities	Learning objectives (to be filled by the student)	Date ·	Signature of the Student
Family visit I			
Family visit 2			
Family visit 3			
Family visit 4			
Family visit 5			
Hospital department - I			
Hospital department - 2	Anna Anna Anna Anna Anna Anna Anna Anna		en general de la companya de de la companya de de la companya de de la companya de de la companya de de la companya de la comp
Special OPD - I			
Special OPD -2		. :	
Organization (Govt/ Non-Govt) - 1			
Organization (Govt/ Non-Govt) - 2			

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Table 9:

Record of Seminars

Learning Opportunities	Title of the seminar and Learning objectives (to be filled by the student)	Attended or Presented	Date	Signature of the Student
Seminar I		Managarapat da Managarapat da 12 de 20 de 20 de 20 de 20 de 20 de 20 de 20 de 20 de 20 de 20 de 20 de 20 de 20		· · · · · · · · · · · · · · · · · · ·
Seminar 2		gar ge yyphyrrodga ag m i i i i i i i i i i i i i i i i i i		manufacture and the second specific forms (A. Ob. C. 200).
Seminar 3	agency and the control of the contr		and the second s	and the state of t
Seminar 4				CC XCC TO THE STREET, AND THE STREET, AND THE STREET, AND
	and the state of t		200 miles (A STATE OF THE STA
BEILDER CONTROL OF THE CONTROL OF TH	SAMASA MARINE TO THE PROPERTY OF THE PROPERT		A CONTRACTOR OF THE PARTY OF TH	

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Table 10

Description of learning outcomes for selected competencies

Competency Number and description	Activity (index case work-up	Date	Presented/ Attended — Those held in the posting for your batch should be filled here	What did you learn by participating in this activity
CM 10.2 Enumerate and describe the	I.Assessment of antenatal woman		or med here	
methods of screening high	2.Assessment of postnatal woman		4.07.09.00	and the control of th
risk groups and common health problems	3.Assessment of newborn child			
Annual Section (Section 1)	4.Assessment of under- five child		and \$27.00 kg group grown an annual field day 200 group grown an annual field day.	
	5.Assessment of an adolescent		4466.0420.000	and the second s
CM12.2 - Describe health problems of aged population	6. Assessment of a Geriatric person	300000000000000000000000000000000000000		and the section of th
CM12.3 - Describe the prevention of		Officer - Manuschick (1985 School Single		
revention of realth problems of aged opulation		Milyroman distributa oʻrang paramaga	Pergentina and analysis (play of society)	
M7.2 numerate,	7. Assessment of a case with a health problem			
escribe and iscuss the modes transmission	(physically or mentally disabled	Sold Control of the C	er menende distribution de describe de la constantina de describe de la constantina de describe de la constantina de describe de la constantina del constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina del constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantina de la constantin	
easures for evention and ntrol of	chronically ill, bed ridden, cancers etc.)	The second control of the second control of	The control of the co	Windowski Propingar
mmunicable d ncommunicable	The (All of the property of th		Hermon more abblick staff in an incompany	THE PARAMETER AND A STATE OF THE PARAMETER AN
seases				EED

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CM 8.2	8.Assessment of a case of			
Describe and	hypertension/T2DM/Obesity			
discuss the				
epidemiological	w			
and control				
measures	· ·			
including the use	A CAMPANA A CAMP			
of essential	The state of the s			
laboratory tests at				
the primary care	· ·			
level for NCD	in the state of th			
(Diabetes,	Description			
Hypertension,	PELEPHAN 9			V
Stroke, Obesity				
and Cancer, etc		E	and the second s	STREET, LISTED CONTOURS STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
CM 8.2				
Significance of				
Non-Modifiable	WALLES AND THE STATE OF THE STA			
Risk Factors	ANNA CALL			AS AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AN OLD AND AND AND AND AND AND AND AND AND AN
	Contractor	Are to Area		
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grand of the		24.00		5.7280 AMMER
UPA PORTAL	· ·		:	Sometime profession of the contract of the con
· · · · · · · · · · · · · · · · · · ·	Ventral ventra	XX Comment		Maria AAAA TAA YA MARKA AAAA TAA YA MARKA AAAA AAAA AAAA AAAA AAAA AAAA AA
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*Rating will be done in a scale of A to E, where A is the best performance and those scoring D or E to be given feedback by the Facilitator and repeat. The student must complete the remedial or repeat measures to achieve the respective competencies within one month of the day on which it is first assessed. The remedial/repeat attempt must be mentioned in the same rows.

Observation	5	÷				
Observation	on: Family V of days of fami	isits and In Lyvisits and inc	dex case v	vork up	*****	
	of days of fami					
1 0011 1101110	y	•	-	•		
11.11	ur key observat	ione during the	family visits	?		•
what were yo	at Key Opservat	ions amure m		,		
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		*				
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Signa	nure of the Fac	ilitator	The state of the s	J. M.	ignature of the str	t W
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What did you learn?	The state of the s
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the state of the s	
How will this help you in future?	TAXABAR AT A
And the second s	
I. W	N
Signature of the Facilitator	Signature of the student
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Table 11: Selected competencies which need to be achieved and documented: Skill domain

- Carata 2 - Carata -	Name of Activity	Date dd- mm- yy	Attempt at Activity First(F) Repeat (R) Remedial (Re)	R at in &	Decision of faculty Complet ed (C) Repeat (R)Reme dial	Initial Of Facult y/ Senior Reside nt and date	Feedba ck Receive d Initial of Learne
CM2.3 Describe and lemonstrate in a simulated environment the assessment of parriers to good health and health seeking behaviour	Family posting: End posting assessment			Wantstill Connectication of Control of Contr		To a propose the second	The state of the s
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	Family posting: End posting assessment	of Copyright Copyright of Copyright		e de la commence de l	The state of the s		
CM7.4 Define, calculate, and interpret morbidity and mortality indicators based on given set of data	Calculate the indicators from a given data set	A 2000	The state of the s	The second secon	Graphical address of the control of	The state of the s	No. of the control of
CMI.10 Demonstrate the important aspects of the doctor patient relationship in a simulated environment (AETCOM)	Assessment in the field	The second secon		And the state of t	And the state of t	222200000000000000000000000000000000000	
Research competencies CM6.4 - Enumerate, discuss and demonstrate Common sampling techniques, simple statistical methods, frequency distribution,	Assessment at the end of research methodology teaching			ane des des de la Colonia de l			And the second s

neasures of central			T	····			· 1	described to the second second second second		
endency and dispersion							-			
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*Rating will be done in a scale of A to E, where A is the best performance and those scoring D or E to be given feedback by the Facilitator and repeat. The student must complete the remedial or repeat measures to achieve the respective competencies within one month of the day on which it is first assessed. The remedial/repeat attempt must be mentioned in the same rows.

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Table 12: Selected competencies which need to be achieved and documented: Knowledge domain

Competency # addressed	Name of Activity	Date dd- mm- yy	Attempt at Activity First(F) Repeat (R) Remedial (Re)	R at in g	Decision of faculty Complet ed (C) Repeat (R)Reme dial	Initial Of faculty / Senior Reside nt And date	Feedback Receive d Initial of Learne
CM3.2 Describe concepts of safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of	Students will prepare a checklist based on their observation during family visit and	A TANKA STATE AND AND AND AND AND AND AND AND AND AND			AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA AMBIRANIA A	And the second s	
water conservation and rainwater harvesting	submit to the Facilitator. This will be assessed in end of posting family discussion.		ANNO MENTE EL EL EL EL EL EL EL EL EL EL EL EL EL	Weeks, Annie monouvellines with view were residence without the view of the content had been and the content of	na makendarja va di da ayan aka ki iliya indangsira.		
CM 16.2 Describing planning cycle	Seminar as decided by Facilitator			A CANADA			
CM 17.3 Describing Primary health care	Seminar/Visit (as decided by the Facilitator						
CM7.7 Describe and demonstrate the steps in the Investigation of an epidemic of communicable disease and describe the principles of control measures.	An exercise to be given, where an epidemic scenario is described, and students are asked to prepare epidemic	The state of the s		Fig. 4. And Control of the Control o			

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	. AND ALAMON THE STREET AND AND AND AND AND AND AND AND AND AND	investigation step by step	OVATATA VATE	Topy of the second seco	орудун эн эн эр гэргэг	X 201.30		e de la companya de l	A Section of the Sect	X Statement Association and the supplication of the supplication o
		and the state of t		A CANADA MANAGEMENT OF THE PROPERTY OF THE PRO		A Company of the Comp				
CM5.7	Food hygiene	Checklist to be developed by the student and assessed in end of posting		AND THE PROPERTY OF THE PROPER	and the state of t	A STATE OF THE STA		##COMPANY NATIONAL PROPERTY OF THE PROPERTY OF		
	A. 2000 May 1997 - 1997 May 19	A CONTRACTOR OF THE PROPERTY O			So Marting to A was in the commence of agreement		<i>*************************************</i>	annia annia annia annia annia annia annia annia annia annia annia annia annia annia annia annia annia annia an	CO ()	_
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*Rating will be done in a scale of A to E, where A is the best performance and those scoring D or E to be given feedback by the Facilitator and repeat. The student must complete the remedial or repeat measures to achieve the respective competencies within one month of the day on which it is first assessed. The remedial/repeat attempt must be mentioned in the same rows.

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Table 13

Record of other activities related to research and academics

Activity	Detniis	Remarks of the student
Participation in health education activities		
Participation in any other academic activities (eg quiz, poster making etc) related to Community Medicine at college level or higher		
Research activity Related to Community Medicine (eg STS project)		
Attended or presented in conference/ workshops etc.	- Agent and Annual Annu	

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Annexure A – Attendance and marks recorded by the students so that they can track their own progress. Note that these entries are NOT VERIFIED by the department/institution.

Table 1:

Attendance for the sessions held by Department of Community Medicine (This is being recorded in logbook so that the student can track their own progress. In case of any discrepancy, records available with the department will be considered as final. Note that these entries are NOT VERIFIED by the department/institution.)

Phase	Total classes Held	Attended	Sig of student
	Foundation	Course	
Lecture	:		
Visits		A COLOR OF THE PROPERTY OF THE	
	la Di	ase	
Lecture			
Visits		A control of the cont	
	The state of the s	AAA A	
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Lecture	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
Clinical/Family Posting	A 100 A 100		
AETCOM		***	
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	349	ase	
Lecture	r sage in a s		
Clinical/Family Posting			
AETCOM			
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Table 2:

Marks Obtained in the various postings in Community Medicine:

(This is being recorded in logbook so that the student can track their own progress, in case of any discrepancy, records available with the department will be considered as final. Note that these entries are NOT VERIFIED by the department/institution.)

GENERAL EL LA PLANTA AL PL	Maximum marks	Marks Obtained	Sign of the student	Feedback received* (Yes/No) date (dd-mm-yy)	Sign of the Faculty/ Facilitator#
	2 nd Phe	ise	:		
Clinical/Family Posting		***************************************			and the state of t
AETCOM			· ·		grade and the second street of
Bitting on complete control and an area and a second and a second and a second and a second and a second and a	Land Control of the C			and the state of t	
**************************************	3 rd Pha	156	The second secon		
Clinical/Family		garding gampon paggardan Unidate A V A Million A V A Milli			
Posting AETCOM	Andrew Programme Control to the State of the	· company garage are are a contract to the con			
				200 (NA An Phillips - Aglace, series (Na proprietti de a reto) (Egypel) y li Milla Adamenta, sur a reto composibiliste Messa and	AMOUNT OF THE PROPERTY OF THE

*Only for the students who have scored <35% in a given assessment #Faculty/ Facilitator's signature indicates that the Faculty/ Facilitator has given feedback to the students, and it is required only for the assigned students with a score <35%. However, the students' signature will be there in each cell of the assigned column. Table 3:

Marks Obtained: Terminal and Sent-Up Examination

(This is being recorded in logbook so that the student can track their own progress. In case of any discrepancy, records available with the department will be considered as final. Note that these entries are NOT VERIFIED by the department/institution.)

		Theory (Maximum marks)	Marks Obtained
	Phase f	60	
<u></u>		40	
	Phase II	40	
		60	
	Phase III	Sent Up Paper-1 100	
	4 5500 CONT. THE	Sent Up Paper-II: 100	

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FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

दिल्ली विश्वविद्यालय

Page No. पृष्ठ संख्या

MINUTES

A meeting of the Committee of Courses & Studies in the Department of Medicine was held on Tuesday the 15th November, 2022 at 2:30 p.m. in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi, Delhi – 110007.

The names of members, who attended the meeting, are in Annexure - I

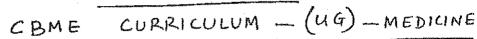
The Committee con	sidered and re	commended the following:	
1. The com	mittee	evaluated and associ	sced in
detail one	l discuss	ed.	
2. The 60	a book	and New CBME	MBBS
curo i culli	m tor	MEDICINE were	approved.
	0 -		

The meeting ended with a vote of thanks to the chair.

S. Arwadha Dr. S. Anuradha (S)H|2 (Chairperson)

GENERAL MEDICINE ANNEXURE - 38

APPENDIX - I



1

(PAGES 1-156)

1 Heart Failure

	COMPETENCY The student should be able to		SLOs
IM1.1	Describe and Discuss the epidemiology, pathogenesis, clinical evolution and course of common causes of heart disease including Rheumatic/valvular, Ischemic, hypertrophic, inflammatory	IM1.1.1	Discuss approach to heart disease.
	1.	IM1.1.2	Discuss broad classification of heart disease based on clinical evolution
		IM1.1.3	Discuss clinical course of each class
IM1.2	Describe and discuss genetic basis of heart failure.		
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	IM1.3.1	Discuss acute rheumatic fever.
		IM1.3.2	Discuss rheumatic valvular heart disease
:		IM1.3.3	Discuss complications of rheumatic valvular heart disease
	American and a supplementary of the supplementary o	IM1.3.4	Discuss Infective endocarditis.
IM1.4	Stage heart fallure	IM1.4.1	Discuss heart failure with reduced ejection fraction
		IM1.4.2	Discuss heart failure with preserved ejection fraction
difficulty of the second secon		IM1.4.3	Discuss acute decompensated heart failure
		IM1.4.4	Discuss advanced heart

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IM1.10	Elicit document and present an	IM1.10.1	Elicit document and
	appropriate history that will establish the		present history to
	diagnosis, cause and severity of heart		establish the diagnosis of
	fallure including: presenting complaints,		heart failure its cause
	precipitating and exacerbating factors,		and severity.
	risk factors exercise tolerance, changes in		
	-		· ·
	sleep patterns, features suggestive of	Andready and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second	The state of the s
	infective endocarditis		and the second state of the second se
		IM1.10.2	Elicit document and
	44. XXX		present history of
		8 H	presenting complaints,
			precipitating and
	•.		exacerbating factors, risk
		Name of the last o	factors , exercise
			tolerance, changes in
		Name of the second	sleep patterns
CHECHECLECHELECKESSESSISSISSISSISSISSISSISSISSISSISSISSI		IM1.10.3	Elicit document and
		IIVIT-TO'2	
		And the street	present history of
			features suggestive of
			infective endocarditis
IM1.11	Perform and demonstrate a systematic	IM1,11.1	Perform and
	examination based on the history that		demonstrate a
	will help establish the diagnosis and		measurement of pulse
. "	estimate its severity including:		
	measurement of pulse, blood pressure		·
	•	77	American
	and respiratory rate, jugular venous	80	-
	forms and pulses, peripheral pulses,		normal principal
	conjunctive and fundus, lung, cardiac	and the state of t	
	examination including palpation and	and the state of t	na verpresse veri
	auscultation with identification of heart	Sucrement of the sucrem	one of the state o
	sounds and murmurs, abdominal	2007.000	S. returns
	distension and splenic palpation		State of the state
***************************************		IM1.11.2	Perform and
14			demonstrate peripheral
;		and the same of th	pulses
		IM1.11.3	Perform and
		HAIT'TT'2	-£
		· ·	demonstrate conjunctiva
			and fundus
		IM1.11.4	Perform and
		***************************************	demonstrate lung,
:	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER		cardiac palpation
	to a second debug and the first control of the district control of the control of	IM1.11.5	Perform and
	18459/c/198		demonstrate
	Among the state of		auscultation with
	Termina and the second	and the same of th	identification of heart
	rayerano.	The state of the s	sounds and murmurs
		2	1 COUNTE SHOUNDIFFE
		M1.11.6	Perform and

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<u> </u>			diagnosis and prioritise
		Widdinian Andronomic A	them based on the most likely diagnosis as first one
IM1.17	Order and interpret diagnostic testing	IM1,17.1	Order the investigations based on the clinical
	based on the clinical group discussion diagnosis including 12 lead ECG, Chest		group discussion
	radiograph, blood cultures		diagnosis including 12
	1 1111111111111111111111111111111111111		lead ECG, Chest
	33. All Paris		radiograph, blood
			cultures
	:	IM1.17.2	Interpret the
			investigations based on
	ig 		the clinical group
	- According to the second seco		discussion diagnosis including 12 lead ECG,
	Collision	- Control of the Cont	Chest radiograph, blood
			cultures
IM1.18	Perform and interpret a 12 lead ECG	IM1.18.1	Perform a 12 lead ECG
	A STATE OF THE STA	IM1.18.2	Interpret a 12 lead ECG
IM 1.19	Enumerate the Indications for and	IM 1.19.1	Enumerate the
	describe the findings of heart failure with	-	indications of doing 2D
	the following conditions including: 2D		echocardiography in
	echocardiography,		heart failure
	brain natriuretic peptide, exercise testing,		
	nuclear medicine testing and coronary angiogram		
ort of the first or subsection to the first of the first	Management (Management Control of	IM 1.19.2	Describe the ECHO
		and the second s	findings in heart failure
CC CCCS (CORCOMOGRAPHO A CORRESPONDA CONTRACTOR OF CORRESPONDA COR		IM 1.19.3	Discuss the role of brain
			natriuretic peptide in
			diagnosis of heart failure
		IM 1.19.4	Discuss the role of
1			exercise testing in heart
mineral de la companya de la company		IM 1.19.5	j failure Discuss the role of
		HVI A.AUI.	nuclear medicine testing
		,	a .
		-	in heart failure
MA die Valait die est de l'accepte		 IM 1.19.6	in heart failure Discuss the role of
*** distribution de la companya della companya de la companya dell		 IM 1.19.6	ADMICS SALAR CONTROL C
AND AS AND ASSOCIATION AND ASSOCIATION ASS		IM 1.19.6	Discuss the role of

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was and a state of the state of			
***************************************		IM 1.23.3	Discuss the effect of lifestyle habits like
j			smoking and alcohol
National Control of the Control of t		IM 1.23.4	Role of vaccination
	•		voletore of the control of the contr
IM 1.24	Describe and discuss the pharmacology of	IM 1.24.1	Describe the
4	drugs including indications,		pharmacological
	contraindications in the management of		mechanism of action of
	heart failure including diuretics, ACE		drugs
	inhibitors, Beta blockers, aldosterone		
	antagonists and cardiac glycosides	13.14.24.2	Discuss the Indications
		IM 1.24.2	and contraindications in
·			
<u> </u>			management
IM 1.25	Enumerate the indications for valvuloplasty, valvotomy, coronary		
	revascularization and cardiac		Manage of the control
٠	transplantation		Characteristics of the Characteristics of the
IM 1.26	Develop document and present a	IM 1.25.1	Develop an algorithm for
BAI TIED	management plan for patients with heart		management of heart
	failure based on type of failure,		failure
;	underlying aetiology		
IM 1.27	Describe and discuss the role of penicillin		- The state of the
	prophylaxis in the prevention of		profitation of the state of the
	rheumatic heart disease		and the second s
IM 1.28	Enumerate the causes of adult	IM 1.28.1	Causes of congenital
	presentations of congenital heart disease		heart diseases
	and describe the distinguishing features	·	presenting in adulthood
	between cyanotic and acyanotic heart		
	disease	IM 1.28.2	Enumerate the
		IIAI T'SO'S	differentiating features
	·		of cyanotic and
	up que la constant de	the street	acyanotic congenital
		av //www.	heart disease
IM 1.29	Elicit document and present an	IM 1.29.1	History taking
	appropriate history, demonstrate	A-10-10-10-10-10-10-10-10-10-10-10-10-10-	
<i></i>	correctly general examination relevant		
	clinical findings, formulate document and	A CONTRACTOR OF THE CONTRACTOR	
:	present a management plan for an adult		
	patient presenting with a common form	-	
	of congenital heart disease	<u> </u>	
		IM 1.29.2	General and system
			specific examination
IM 1.30	Administer an intramuscular injection		
		•	1

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	disease		
		IM2.1.2	Describe the role of
			atherosclerosis in
•			Ischaemic heart disease
		IM2.1.3	Discuss Epidemiology of
			Atherosclerosis and
			Ischaemic Heart Disease
Will den en de la companion de la companion de la companion de la companion de la companion de la companion de		IM2.1.4	Enumerate the
			antecedents and risk
			factors for
			Atherosclerosis and
:			Ischaemic Heart Disease
IM2.2	Discuss the aetiology of risk factors both	IM2.2.1	What are the non-
11412-12	modifiable and non-modifiable of		modifiable risk factors of
	atherosclerosis and IHD		atherosclerosis and IHD
enengament distributions	The same and the s	IM2.2.2	Discuss the etiology of
1 7		1444MH FW-134	modifiable risk factors of
		1	atherosclerosis and
			schemic heart disease
		IM2.2.3	Describe the etiology of
		11442.2.5	non-modifiable risk
			factors of atherosclerosis
			and Ischemic heart
	· ·		disease
IM2.3	Discuss and describe the lipid cycle and	IM2.3.1	Describe the lipid cycle
HAIT-O	the role of dyslipidemia in the		
	pathogenesis of atherosclerosis		
	painted of activities and	IM2.3.2	Define dyslipidemia
Potential State of St		IM2.3.3	Discuss the role of
		\$1 7 FSm 1 m 1 m	dyslipidemia in the
	.*	:	pathogenesis of
· ':			atherosclerosis
1M2.4	Discuss and describe the pathogenesis	IM2.4.1	Olscuss the pathogenesis
AIAIT'A	natural history, evolution and	11414.7.2	of atherosclerosis and
	complications of atherosclerosis and IHD	en en en en en en en en en en en en en e	IHD
turaurianis/red descense/abis/tomb.	Combucatons or americancina augustio	IM2.4.2	Describe the natural
ā J		11412,716	history and evolution of
 : !		,	atherosclerosis and IHD
. 1	The state of the s	IM2.4.3	Describe the
j.		1141° 14'O	complications of
et.			atherosclerosis and IHD
25.87 F	Pasting Alexanders process and the second	IM2.5.1	Enumerate the various
IM2.5	Define the various acute coronary syndromes and describe their evolution,	HVI & W. A.	acute coronary
	1 .		syndromes
ėm manturam mė muu	natural history and outcomes	IM2.5.2	Define the various acute
		IIVIZ.5.Z	:9
		10.45 * 5	coronary syndromes
		IM2.5.3	Discuss the evolution

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		T.	clinical presentation
~~~~~~ <del>~~~~</del>		IM2.7.3	Document a physical
		\$1 ¥ 1.5m > 5 + w2	examination including a
:			vascular and cardiac
			examination that is
			appropriate for the
-1			clinical presentation
IM2.8	Generate document and present a	IM2.8.1	Document a differential
IIVIZ.O	differential diagnosis based on the	HVIZ.G.L	diagnosis based on the
	clinical presentation and prioritise based		clinical presentation
	on "cannot miss", most likely diagnosis	1	
	and severity	at to control	
		IM2.8.2	Present a differential
		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	diagnosis based on the
		يون مخصوص	clinical presentation
COLORON CONTRACTOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA COLOR DE LA C		IM2.8.3	Present a differential
	·	· ·	diagnosis prioritised
	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	uga-	based on "cannot miss",
	Constitution	- A JAMES - JAMES	most likely diagnosis and
		BE 200 MORNOUS COMMUNICATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	severity
IM2.9	Distinguish and differentiate between	IM2.9.1	Describe the clinical
	stable and unstable angina and AMI		features of stable and
TACOTATE NAME TO SECURE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	based on the clinical presentation		unstable angina
	ra-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya	IM2.9.2	Discuss the clinical
intromistromerandrikulariariariariaria			presentation of AMI
	P. ACTIONS	1M2.9.3	Differentiate between
	dan dan dan dan dan dan dan dan dan dan	180 CON	stable and unstable
			angina and AMI based
•	KOZIII-AAA	chylletter	on the clinical
			presentation
INI2.10	Order, perform and interpret an ECG	IM2.10.1	Order an ECG in ACS
m da je je da sakonamento osobnim osobnim sakon		IM2.10.2	Perform an ECG in ACS
4		IM2.10.3	Interpret an ECG in ACS
IVI2.11	Order and interpret a Chest X-ray and	IM2.11.1	Order a Chest X-ray for
	markers of acute myocardial infarction	and the second	acute myocardial infarction
men illumen en de de de des de de se se se se se		1800 00 0	
		IM2.11.2	interpret a Chest X-ray of acute myocardial
	Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance Accordance	e-representative and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	or acute myocardiai
	14.4.1.111	IM2.11.3	Order markers of acute
	- Terres	IIVIZ.LL.D	myocardial infarction
		IM2.11.4	interpret markers of
		IIAIC-TT-4	acute myocardial
		samples della	Infarction
IM2.12	Choose and interpret a lipid profile and	IM2.12.1	Interpret a lipid profile in
atvic.il	Identify the desirable lipid profile in the	1)*1&.&&.&	the clinical context
	clinical context		Fram motistorist and thereing
	j Ullined LUITCAL		<del>1</del>

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		-	the relatives of a patient
			having Acute MI and
			prognosis of the patient
IM2.17	Discuss and describe the Indications and	IM2.17.1	Discuss the indications of
*********	methods of cardiac rehabilitation		cardiac rehabilitation
***************************************		IM2.17.2	Describe various
			methods of cardiac
			rehabilitation
IW2.18	Discuss and describe the indications,	IM2.18.1	Classify the categories of
	formulations, doses, side effects and		dyslipidemia in a tabular
	monitoring for drugs used in the	-	format
	management of dyslipidemia		
		IM2.18.2	classify the drugs used in
			management of
	:		dyslipidemias giving
* 4			suitable example of
			each, including newer
Mandament Manager Strategy Strategy (2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2.1 and 2		IM2.18.3	drugs   Briefly describe the
		1012.18.5	indications, doses
			formulation and adverse
	•		of each class of drugs
			(including therapeutic
			monitoring)
IM2.19	Discuss and describe the pathogenesis,	IM2.19.1	Describe the types and
	recognition and management of	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	etiopathogenesis of ACS
	complications of acute coronary		
	syndromes including arrhythmias, shock,	u de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company	
	LV dysfunction, papillary muscle rupture		
	1	i	
	and pericarditis	<u> </u>	
······	and pericarditis	IM2.19.2	Briefly describe the
	and pericarditis	IM2.19.2	clinical manifestations of
	and pericarditis	IM2.19.2	clinical manifestations of both electrical and
	and pericarditis	IM2.19.2	clinical manifestations of both electrical and mechanical
	and pericarditis	IM2.19.2	clinical manifestations of both electrical and mechanical complications and Acute
	and pericarditis	IM2.19.2	clinical manifestations of both electrical and mechanical complications and Acute and chronic
	and pericarditis	IM2.19.2	clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute
	and pericarditis		clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI
	and pericarditis	IM2.19.2	clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management
	and pericarditis		clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management of electrical
	and pericarditis		clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management
	and pericarditis		clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management of electrical complications(VT,VF)and mechanical
	and pericarditis		clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management of electrical complications(VT,VF)and
IM2.20	and pericarditis  Discuss and describe the assessment and		clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management of electrical complications(VT,VF)and mechanical complications of acute
1M2.20		IM2.19.3	clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI  Discuss the management of electrical complications(VT,VF)and mechanical complications of acute MI

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	COMPETENCY The student should be able to		SLOs
IM3.1	Define, discuss, describe and distinguish community acquired pneumonia, nosocomial pneumonia and aspiration pneumonia	IM3.1.1	Define CAP
- X- Miller III		IM3.1.2	Define nosocomial Pneumonia
***************************************	**************************************	IM3.1.3	Define aspiration

**3 PNEUMONIA** 

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	Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG		
		IM3.7.2	Interpret results of investigations for pneumonia
8.EMI	Demonstrate in a mannequin and interpret results of an arterial blood gas examination	IM3.8.1	Perform ABG in a mannequin
IM3.9	Demonstrate in a mannequin and interpret results of a pleural fluid aspiration	IM3.8.2 IM3.9.1	Interpret ABG analysis Perform pleural fluid aspiration in a mannequin
eggen, och mellinin verinningt i bette dir. At		IM3.9.2	Interpret results of pleural fluid analysis
IM3.10	Demonstrate the correct technique in a mannequin and interpret results of a blood culture	IM3.10.1	Demonstrate technique of obtaining a blood culture
		IM3.10.2	Interpret results of blood culture
IM3.11	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialised testing.	IM3.11.1	Enumerate additional Investigations in a case of pneumonia
IM3.12	Select, describe and prescribe based on the most likely actiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum	IM3.12.1	Describe and prescribe empirical antimicrobial treatment in a case of pneumonia
IM3.13	Select, describe and prescribe based on culture and sensitivity appropriate empaling antimicrobial based on the pharmacology and antimicrobial spectrum.	IM3.13	Describe and prescribe antimicrobial treatment of pneumonia based on culture and sensitivity
IM3.14	Perform and Interpret a sputum gram stain and AFB		
IM3.15	Describe and enumerate the indications for hospitalisation in patients with pneumonia	IM3.15.1	Describe and enumerate investigations in CAP
ocumento comunica de comunica de encentra e de e		IM3.15.2	Describe hospital CURB- 65
	£	IM3,15,3	Describe management of CAP
		IM3.15.4	Enumerate Indications for referral to ITU

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			immune status of the
		1.5.5.4.4	host
		IM 4.1.4	Discuss the effects of co-
			morbidities on febrile
		<u> </u>	response
		IM 4.1.5	Discuss how presence of
		wasaaww	risk factors and co-
		-	morbidities can change
political de la companya de la companya de la companya de la companya de la companya de la companya de la compa		ļ.,	the final outcome
IM4.2	Describe and discuss the influence of	IM 4.2.1	Describe clinical
	special populations on the febrile	er in the second	presentation
	response including: the elderly, immune		,management and
	suppression, malignancy and		outcome of febrile
	neutropenia, HIV and travel		response in elderly
		IM 4.2.2	Describe clinical
		The CONTRACT	presentation,
		70-730-000-	management and
			outcome of febrile
			response in immuno-
		***************************************	compromised host
		IM 4.2.3	Describe clinical
			presentation,
			management and
,	• .		outcome of febrile
***************************************			response in malignancy
		IM 4.2.4	Describe clinical
	:-		oresentation,
		Early Angle and Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Early Ea	management and
	N. Carlotte	· ·	outcome of febrile
	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		response in febrile
		l saar r	neutropenia
		IM 4.2.5	Describe clinical
			presentation,
			management and
			outcome of febrile
· · · · · · · · · · · · · · · · · · ·		IM 4.2.6	response in HIV patients Describe clinical
		IIVI 4.Z.D	
		-	presentation,
		QC Transplant	management and outcome of febrile
٠.		ar demonstrative	response in case of
	• •		history of travel
IM 4.3	Discuss and describe the common	IM 4.3.1	Discuss various
1141 54*73	causes, pathophysiology and	IIVI 4.3.1	prevalent infections in
	manifestations of fever in various		different parts of India
	regions in India including		initiation harry of unities
	bacterial, parasitic and viral causes (e.g.	- Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - Landau - L	
Miles de la description de la company de la company de la company de la company de la company de la company de	vartenal, parasitic and viral causes (e.g.	į	

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		IM 4.5.3	Describe the clinical features (fever and other manifestations ) of malignancy particularly
		-	in haematological malignancies
		IM 4.5.4	Discuss the management of fever in malignancies
IM 4.6	Discuss and describe the pathophysiology and manifestations of malaria	IM 4.6.1	Discuss the epidemiology of malaria
- ::	THOUSE	IM 4.6.2	Discuss the life cycle of plasmodium
		IM 4.6.3	Discuss the pathophysiology of malaria
	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	IM 4.6.4	Describe the clinical features of malaria
		IM 4.6.5	Discuss the investigations and treatment of malaria
		IM 4.6.6	Discuss the preventing measures and government programme related to malaria
IM4.7	Discuss and describe the pathophysiology and manifestations of the sepsis syndrome	IM 4.7.1	Define sepsis syndrome
		IM 4.7.2	Describe the pathophysiology of sepsis
	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	IM 4.7.3	Describe the etiology and risk factors associated with sepsis
ari kumana ka kana ka ka mana ka ka mana ka ka mana ka ka mana ka ka mana ka ka mana ka ka mana ka ka mana ka k		1M 4.7.4	Describe the various clinical manifestations of sepsis
. :	g •	IM 4.7 .5	Describe the investigations, treatment of sepsis syndrome
IVI 4.8	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	IM 4.8.1	Become familiar with the definition of fever of known origin (FUO).

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	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	<u> </u>	Wg Mail at the Miller Mail of the Anthrope Mail of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Co
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4.			environment and
			medications on febrile
	*		response
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		1141-4-2-0	scenario for a patient of
	•		<b>,</b>
40.4.0.00	and an experimental statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the statement of the sta		fever
IM 4.10	Perform a systematic examination that	IM 4.10.1	Perform examination of
	establishes the diagnosis and severity of		skin and mucosa and co-
	presentation that includes: general skin		relation for making
	mucosal and lymph node examination,	***************************************	diagnosis
	chest and abdominal examination		
	(including examination of the liver and	operated in the second	
	spleen)		7
		IM4.10.2	Perform lymph node
	. The second second second second second second second second second second second second second second second	or fire about	examination and clinical
			significance
		IM 4.10.3	Perform chest
	_	*171 Trabled	examination (
• .	•		inspection, palpation,
		to and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	
			percussion and
			auscultation) and clinical
			significance
`.	· · · · · · · · · · · · · · · · · · ·	IM 4.10.4	Perform abdominal
			examination (
			inspection, palpation,
			percussion and
			auscultation) and clinical
			significance
		IM 4.10.5	Discuss the clinical
	·		significance of
	•		lymphadenopathy with
			hepatosplenomegaly
IM 4.11	Generate a differential diagnosis and	IM 4.11.1	Discuss relevant history
**** *******	prioritise based on clinical features that	* * * * * * * * * * * * * * * * * * *	suggestive of infective,
	help distinguish between infective,		
			inflammatory,
	inflammatory,		
-	malignant and rheumatologic causes		
		IM 4.11.2	Discuss the relevant
			examination suggestive
~ .	9		of infective,
	9		inflammatory, malignant
			and rheumatologic
egye was			causes of fever
		IM 4,11.3	Discuss the differential
	O CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTO		diagnosis of fever based
		11634, <b>M. M. M. M. M. M. M. M. M. M. M. M. M. M</b>	manani (Evel nasen

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		IM 4.12.7	diagnosis Discuss the pleural and
		IIVI 4.12.7	
			ascitic fluid analysis and
		10.0000	their clinical significance
		IM 4.12.8	Discuss the importance
			of stool examination in
		1111111	making diagnosis
IM 4.13	Perform and interpret a sputum gram	IM 4.13.1	Discuss the indications of
**************************************	stain		sputum gram stain
		IM 4.13.2	Discuss the methodology
***************************************		NA	of obtaining sample
		IM 4.13.3	Discuss the storage and
( <del>////////////////////////////////////</del>			transportation of sample
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		IM 4.13.5	Discuss the specific
		40444400	staining method of
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			samples
		IM 4.13.6	Interpretation of findings
			in relation to clinical
			scenario
IM 4.14	Perform and interpret a sputum AFB	IM 4.14.1	Discuss the Indications of
-			sputum AFB stain
		IM 4.14.2	Discuss the methodology
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			samples
		IM 4.14.5	Interpretation of findings
		· second	in relation to clinical
			scenario
IM 4.15	Perform and interpret a malarial smear	IM 4.15.1	Discuss the indications of
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IM 4.20 Interpret a PPD (Mantoux)  IM 4.20.1 Discuss indications of PPD  IM 4.20.2 Discuss the procedure of performing PPD test  IM 4.20.3 Discuss the observation of PPD test  IM 4.20.4 Discuss the clinical significance of PPD test including in special population like in HIV  IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a history and examination			IM 4.19.3	to collect blood and
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	·		compromised host
		IM 4.24.5	Discuss the appropriate
:			treatment plan in
			immuno-competent host
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		<u></u>	compromised host
IM 4.25	Communicate to the patient and family	IM 4.25.1	Communicate to the
	the diagnosis and treatment		patient and family about
			the diagnosis
		IM 4.25.2	Communicate to the
			patient and family about the severity of the
			disease
	44,000 April 1981 1981 1981 1981 1981 1981 1981 198	IM 4.25.3	Communicate to the
	·		family regarding relevant
		- ·	investigations and
		Numationship	treatment plan
***************************************		IM 4.25.4	Communicate about
		<u> </u>	prognosis of the disease
IM 4.26	Counsel the patient on malarial	IM 4.26.1	Counsel the patient
	prevention	era.	about importance of
			malarial prevention
	,	IM 4.26.2	Counsel the patient
			about available pharmacological
			treatment for prevention
		Landa - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carl	of malaria
AND AND ADDRESS OF THE REST OF THE PARTY NAMED OF		IM 4.26.3	Counsel the patient
		4,41 346444	about non -
		Parameter	pharmacological
		Source Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	measures for prevention
			of malaria
	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	IM 4.26.4	Discuss the government
		-	plans for the prevention
-			of malaria

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IM5.3	Describe and discuss the pathologic	IM5.3.1	Describe the pathologic
	changes in various forms of liver disease		changes in various forms of liver disease
		-	
		IM5.3,2	Discuss the clinical
			implications of
			pathologic changes in various forms of liver
. 45 5			disease
IM5.4	Describe and discuss the epidemiology,	IM5.4.1	Describe and discuss the
	microbiology, immunology, and clinical		epidemiology,
	evolution of infective (viral) hepatitis		microbiology,
		×	Immunology, and clinical evolution of infective
			(viral) hepatitis (Acute)
1		IM5.4.2	Describe and Discuss the
			epidemiology,
	· · · · · · · · · · · · · · · · · · ·		microbiology, immunology, and clinical
			evolution of infective
·			(viral) hepatitis (Chronic)
IM5.5	Describe and discuss the	IM5.5.1	Describe and Discuss the
	pathophysiology and clinical evolution		pathophysiology of
	of alcoholic liver disease	IM5.5.2	alcoholic liver disease Discuss the clinical
-		11713.3.2	evolution of alcoholic
·			liver disease
IM5.6	Describe and discuss the	IM5.6.1	Describe the
	pathophysiology, clinical evolution and		pathophysiology, clinical
	complications of cirrhosis and portal hypertension including ascites,		evolution and complications of
	spontaneous bacterial peritonitis,	: : :- :	cirrhosis and portal
	hepatorenal syndrome and hepatic	•	hypertension including
	encephalopathy		ascites, spontaneous
·	11.00		bacterial peritonitis,
	•		hepatorenal syndrome and hepatic
	DO-SHARANIA .		encephalopathy
na na na na na na na na na na na na na n		IM5.6.2	2.Discuss the
, same	10000000000000000000000000000000000000		pathophysiology, clinical
7000	-		evolution and complications of
adding a second	Above		cirrhosis and portal
. of defending	No. and Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contr		hypertension including
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	·		bacterial peritonitis,
	8		hepatorenal syndrome

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			presentation and includes clinical
	######################################		presentation, risk
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		factors, drug use, sexual
	ecoananipo		history, vaccination
			history and family
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		Other Residence of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th	
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	Park was a supposed a suppose in adding the state	IM5.10.1	Perform a systematic
IM5.10	Perform a systematic examination that	T.DT.CIVII	examination that
	establishes the diagnosis and severity		
	that includes nutritional status, mental		establishes the diagnosis
	status, jaundice, abdominal distension		that includes nutritional
	ascites, features of portosystemic		status, mental status,
	hypertension and hepatic		jaundice, abdominal
	encephalopathy	4. 4	distension ascites,
			features of
	esta de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del la companya del la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		portosystemic
	3		hypertension and
			hepatic encephalopathy
		IM5.10.2	hepatic encephalopathy  2.Perform a systematic
· · · · · · · · · · · · · · · · · · ·		IM5.10.2	
		IM5.10.2	2.Perform a systematic
		IM5.10.2	2.Perform a systematic examination that establishes the severity
		IM5.10.2	2.Perform a systematic examination that establishes the severity including nutritional
		IM5.10.2	2.Perform a systematic examination that establishes the severity including nutritional status, mental status,
		IM5.10.2	2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal
		IM5.10.2	2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites,
		IM5.10.Z	2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of
		IM5.10.Z	2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic
		IM5.10.2	2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and
			2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy
IM5.22	Generate a differential diagnosis and	IM5.10.2	2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy Generate a differential
IM5.11	prioritize based on clinical features that		2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy Generate a differential diagnosis based on
IM5.11	prioritize based on clinical features that suggest a specific aetiology for the		2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy Generate a differential diagnosis based on clinical features that
IM5.11	prioritize based on clinical features that		2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy Generate a differential diagnosis based on clinical features that suggest a specific
IWS.11	prioritize based on clinical features that suggest a specific aetiology for the		2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy Generate a differential diagnosis based on clinical features that

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			Interpret the findings of an ascitic fluid analysis
IM5.16	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis, and hepatic	IM5.16.1	Describe the management of hepatitis, cirrhosis, and portal hypertension.
•	encephalopathy	IM5,16.2	Discuss the management of hepatitis, cirrhosis, and portal hypertension.
		IM5.16.3	Describe spontaneous ascites and, bacterial peritonitis
*		IM5.16.4	Discuss spontaneous ascites and, bacterial peritonitis
-		IM5.16.5	Describe hepatic encephalopathy
		IM5.16.6	Discuss Hepatic encephalopathy.
IM5.17	Enumerate the indications, precautions and counsel patients on vaccination for hepatitis	IM5.17.1	Enumerate the indications, on vaccination for hepatitis
		IM5.17.2	Enumerate the precautions on vaccination for hepatitis
		IM5.17.3	Counsel patients on vaccination for hepatitis
IM5.18	Enumerate the indications for hepatic transplantation	IM5.18.1	Enumerate the indications and contraindications for hepatic transplantation

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IM6.4	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections	IM6.4.1	Define opportunistic infections
		IM6.4.2	Discuss the pathogenesis and evolution of Opportunistic infections in HIV
<b>444</b> -ja-14-de ja valos galvang ga <b>Andronomo v</b>		IM6.4.3	Classify Opportunistic infections based on causative organisms: Viral, bacterial, fungal, parasitic
		IM6.4.4	Discuss the laboratory investigations used for the diagnosis of these Opportunistic infections
ML ALGULE		IM6.4.5	Classify Opportunistic infections based organ system involvement-Pulmonary/Neurological/Gastrointestin al.etc.
		IM6.4.6	Discuss the Common Opportunistic infections seen in HIV infection in India
		IM6.4.7	Describe the common clinical presentations of the Opportunistic infections
		IM6.4.8	Discuss the approach to Fever of Unknown origin or differential diagnosis of fever in HIV infection
IM6.5	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies	IM6.5.1	Describe the etio- pathogenesis of malignancies in HIV infection
		IM6.5.2	Classify HIV associated malignancies: AIDS defining malignancies(ADM) and Non AIDS defining malignancies (NADM)
		IM6.5.3	Enumerate the ADM and NADM in HIV
		IM6.5.4	Describe the common ADM and NADM seen in India and

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			National Programme
	4	IM6.9.3	Discuss the laboratory tests
			used for monitoring of
			patients with HIV infection
		IM6:9.4	Discuss the interpretation
			of the CD4 test and HIV 1
			Plasma Viral load tests
		IM6.9.5	Discuss the concept of
			treatment failure in HIV
	u Turk		with reference to laboratory
			lassessment
,		IM6.9.6	Choose and interpret
			diagnostic tests in the
	Action to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		context of assessment of a
tane an			patient with HIV
IM5.10	Choose and interpret appropriate	IM6.10.1	Discuss the laboratory
	diagnostic tests to diagnose Opportunistic infections including CBC, sputum		investigations of Opportunistic infections
	examination and cultures, blood cultures,		opportunistic infections
	stool analysis, CSF analysis and Chest		
	radiographs		
ettetta. Herena aranganyan anan	1 contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to	IM6.10.2	Interpret and identify
-	***************************************		abnormalities in laboratory
			investigations like- sputum
	- April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 April 1 Apri		AFB, CSF India Ink, Stool
	* Control		R/ME findings
***************************************		IM6.10.3	Discuss the choice of
			laboratory investigations
•			and their interpretation in
	•		patients with HIV with
•			varied clinical
************************************		***************************************	manifestations
IM6,11	Enumerate the indications and describe	IM6.11.1	Enumerate the Indications
	the findings for CT of the chest and brain		for Chest radiographs, CT
	and MRI		Scan (chest, head,
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Abdomen, others), MRI in
· · · · · · · · · · · · · · · · · · ·			iHIV infection
		IM6.11.2	Describe the findings in
			common Chest radiographs
1250 44	Enumerate the Indications for and	ikar en e	and CT and MRI  Enumerate the indications
IM6.12	Interpret the results of: pulse oximetry,	IM6.12.1	of pulse oximetry in
	ABG, Chest Radiograph		or purse eximetry in patients with HIV infection
***************************************		IM6.12.2	padents with miv injection     interpret the findings of
		51411.L.L.	pulse oximetry
······································		IM6.12.3	Enumerate the indications
		UNIO. LE.J	of arterial blood gas (ABG)
······································			for erectian nation Ray (Wp.Q)

	1	1	action and their
			pharmacokinetics
	***************************************	IM6.16.4	Describe the common
			adverse effects of different
	**April		classes of antiretroviral
		<u></u>	drugs
		IM6.16.5	Describe the common drug-
	THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE		drug interactions of
			different classes of
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•"		IM6.16.6	Discuss the principles of
			Antiretroviral treatment
		IM6.16.7	Discuss the eligibility of
	TREADMINISTRE TO THE TREATMINISTRE THE TREATMINISTRE TO THE TREATMINISTRE THE TREATMINISTRE THE TREATMINISTRE THE TREATMINISTRE THE TRE	S WOODS	patients for ART initiation
			and the concept of universa
ing as were considerated to		1	ART
	T	IM6.16.8	Outline the clinical
		oreo constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante	assessment and
			preparedness for ART
	Service		initiation in patients with
-	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		HIV infection
		IM6.16.9	Discuss the recommended
	-		first line Antiretroviral
		ago-mana	treatment for HIV in the
			National Programme
	Portugues of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	IM6,16.10	Discuss ART adherence and
		description of the second	describe the facilitators and
-			barriers for adherence
		IM6.16.11	Outline the principles and
-	e grande de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya		diagnosis of antiretroviral
Allen Armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armanian armani		market seine siinin ja ja ja ja ja ja ja ja ja ja ja ja ja	treatment failure
· ·		IM6.16.12	Describe the second line
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		IM6.16.13	Discuss the clinical,
	number of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		laboratory, immunological
			and virological monitoring
proportion de la company			of patients on ART
IM6.17	Discuss and describe the principles and	IM6.17.1	Define post exposure
	regimens used in post exposure		prophylaxis and discuss its
:	prophylaxis		principles
		IM6.17.2	Discuss the methods of HIV
	- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont		transmissions and their
<u> </u>		Maria de la compania de la compania de la compania de la compania de la compania de la compania de la compania	associated risk
***************************************		IM6.17.3	Discuss the possible
:	· interest of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	es procedure	methods of occupational
	duchinon		exposure to HIV and their
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			HIV transmission through
			role play / simulated patien
IM6.20	Communicate diagnosis, treatment plan and subsequent follow up plan to	IM6.20.1	Communicate a HIV positive result to a client and
	patients		perform post-test
	face at my cam.		counselling through role
			play / simulated patient
		IM6.20.2	Discuss with a patient the
		Scribor Amount	treatment plan and process
	· ·	***	of initiation of ART through
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		IM6.20.3	Communicate and discuss
			with the patient the follow
: `			up and monitoring plan after ART initiation through
	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		role play
IM6.21	Communicate with patients on the	IM6.21.1	Communicate with a patien
-	importance of medication adherence		on the importance of ART
1	Residence of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	- Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andrews - Andr	adherence through role play
			/ simulated patient
	- Constitution	IM6.21.2	Assess ART adherence in a
	**************************************		patient
	· ·	IM6.21.3	Identify and address the
	et management	*	facilitators and barriers of adherence to ART in a
1	Account of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	digital fragment	patient through role play/
		9-mma.	simulated patient
IM6.22	Demonstrate understanding of ethical	IM6.22.1	Discuss the concept of
	and legal issues regarding patient	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	patient confidentiality and
	confidentiality and disclosure in patients	*	disclosure in HIV
	with HIV		
		IM6.22.2	Discuss the ethical issues
		efectivities to	associated with HIV infection
grange (Commence of the Commence	IM6.22.3	Discuss the legal issues	
	-	12 42 94 24 44 44 44	associated with HIV
	The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co		infection
		IM6.22.4	Discuss the components of
	No. of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		the HIV/ AIDS (Prevention
	ne de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		and Control) Act 2017,
			Govt. of India
M6.23	Demonstrate a non-judgemental attitude		Discuss the role of society
	to patients with HIV and to their lifestyles	P7000000000000000000000000000000000000	and Community in HIV
		IM6.23.2	infection  Demonstrate a non-
		NAO''Y	judgemental attitude to
	***	Question and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	patients with HIV and to
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		IM7.5.3	Discuss causes approach to chronic joint pain
IM7.6	Discriminate, describe and discuss arthralgia from arthritis and mechanical from inflammatory causes of joint pain	IM7.6.1	Differentiating features of arthralgia from arthritis
		IM7.6.2	Discuss inflammatory from non-inflammatory Joint pain
IM7.7	Discriminate, describe and discuss distinguishing articular from periarticular complaints	IM7.7.1	Discuss various periarticular disorders
		IM7.7.2	Differentiating features between periarticular and articular disorders
IM7.8	Determine the potential causes of join pain based on the presenting features of joint involvement	IM7.8.1	Discuss algorithmic approach to a patient of joint pain
IM7.9	Describe the common signs and symptoms of articular and periarticular diseases	IM7.9,1	Discuss signs and symptoms of osteoarthritis
		IM7.9.2	Discuss signs and symptoms of Gout and other crystal arthropathies
SACLARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SACRARIA SA		IM7.9.3	Discuss signs and symptoms of periarticular disorders like bursitis , tendinitis, tenosynovitis
IM7.10	Describe the systemic manifestations of rheumatologic disease	IM7.10.1	Discuss extra articular manifestations of Rheumatold Arthritis
ione auromonimistra relición procesor de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constit		IM7.10.2	Discuss complications of Rheumatoid Arthritis
		IM7.10.3	Discuss extra articular manifestations of SLE
IM 7.11	Elicit document and present a medical history that will differentiate the	IM 7.11.1	Student should be able to present and document the

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,			the indications and
			interpretation of RA
	·		interpretation or nA
		IM 7.15,4	Student should be able to
		101 7.15.4	enumerate and discuss
			1
			the indications and
***************************************			interpretation of ANA
٠.	**	IM 7.15.5	Student should be able to
			enumerate and discuss
			the indications and
***************************************	A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O		interpretation of DNA
:		IM 7.15.6	Student should be able to
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	Tamophopoma (	00000000000000000000000000000000000000	tests of autoimmunity
			description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t
IM 7.16	Enumerate the indications for	IM 7.16.1	Student should be able to
:	arthrocentesis	emant to	enumerate and discuss
		80.00	the Indications
			arthrocentesis
IM 7.17	Enumerate the Indications and Interpret	IM 7.17.1	Student should be able to
4	plain radiographs of joints	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	enumerate and discuss
		74	the indications of plain
			radiographs of Joints
	G:	IM 7.17.2	Student should be able to
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7Mxw-25	discuss the interpretation
			of plain radiographs of
		1 .	Joints
IM 7.18	Communicate diagnosis, treatment plan	IM 7.18.1	Student should be able to
: .	and subsequent follow up plan to	Heropologi	communicate the
	patients		diagnosis to patients of
			rheumatologic disease
		IM 7.18.2	Student should be able to
			communicate the
**			treatment plan to patients
Andrewson and the second			of rheumatologic disease
	E89999	IM 7.18.3	Student should be able to
*	s services		communicate the
	- Average of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	-	subsequent follow up plan
	· ·	:	to patients of
dans die die processie de de de de de de de de de de de de de			rheumatologic disease
IM 7.19	Develop an appropriate treatment plan	IM 7.19.1	Student should be able to
	for patients with rheumatologic diseases		discuss and develop an
			appropriate treatment
			plan for patients with
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IM 7.27	Determine the need for specialist consultation	IM 7.27.1	determine the need for specialist consultation
		IM 7.26.3	demonstrate an understanding of the impact of rheumatologic conditions on work and family Student should be able to
* 1		IM 7.26.2	Student should be able to demonstrate an understanding of the impact of rheumatologic conditions on well-being. Student should be able to
IM 7.26	Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well-being, work and family	IM 7.26.1	Student should be able to demonstrate an understanding of the impact of rheumatologic conditions on quality of life.
		IM 7.25.2	Student should be able to communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions
IM 7.25	Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions	IM 7.25.1	Student should be able to develop appropriate follow up and monitoring plans for patients with rheumatologic conditions
		7.24.2	preferences in the choice of therapy Student should be able to incorporate patient preferences in the choice of therapy
IM 7.24	Communicate and incorporate patient preferences in the choice of therapy	IM 7.23.2	Student should be able to describe the basis for disease modifying therapy in rheumatologic diseases Student should be able to communicate patient

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	hypertension	IM8.5	Describe and discuss the various secondary causes of hypertension including less common or miscellaneous causes of hypertension.
IM8.6	Define, describe, and discuss and recognize hypertensive urgency and emergency	IM8.6.1	Define, describe, and discuss hypertensive urgency and emergency.
		IM8.6.2	Oifferentiate between hypertensive urgency and emergency.
		IM8.6.3	Discuss various drugs used for hypertensive urgency and emergency and
MARKA ALIJA ARIKA ALIKA		dis	discuss their side effects profile.
IM8.7	Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension	IM8.7.1	Discuss various etiologies for secondary hypertension.
		IM8.7.2	Define and discuss obesity and the metabolic syndrome.
		IM8.7.3	Discuss various rare monogenic causes of hypertension.
8.8MI	Describe, discuss, and identify target organ damage due to hypertension	IM8.8.1	identify the target organ damage due to hypertension.
	ş	IM8.8.2	Discuss basic lab tests for initial evaluation for target organs damage due to hypertension.
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	IM8.9.1	Elicit, document, and present a medical history including duration, levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary session, previous

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IM8.13	Enumerate the indications for and interpret the results of: CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid,	IM8.13.1	Enumerate the indications for workup lab tests.
	ECG	IM8.13.2	Interpret- CBC, Urine Analysis, RFT, Uric Acid, Lipid Profile, RBS and ECG.
IM8.14	Develop an appropriate treatment plan for essential hypertension	IM8.14:1	Describe and discuss the various drugs available for essential hypertension.
,	ж	IM8.14.2	Discuss the treatment plan for essential hypertension.
# * · · · · · · · · · · · · · · · · · ·		IM8.14.3	Describe and discuss the mechanism of action of antihypertensive drugs.
		IM8.14.4	Discuss the side effects profile of individual drugs for hypertension.
IM8.15	Recognize, prioritize, and manage hypertensive emergencies	IM8.15.1	Recognize hypertension emergencies.
:		IM8.15.2	Prioritise and manage hypertension emergencies.
		IM8.15.3	Discuss drugs available for hypertensive emergencies.
		IM8.15.4	Discuss management of hypertension in special conditions like stroke, ICH, pregnancy.
IM8.16	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake,	IM8.16.1	Develop communicative skills to the patients.
	physical activity, and sodium intake	IM8.16.2	Communicate about lifestyle modifications including BMI, ideal body weight, physical activity, sodium intake and moderation of alcohol intake.
IM8.17	Perform and Interpret a 12 lead ECG	IM8.17.1	Interpret ECG

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		IM9.1.5	Describe clinical manifestation, diagnostic approach to anemia based on reticulocyte count.
IM9.2	Describe and discuss the morphological characteristics, aetiology and prevalence of each of the causes of anemia	IM9.2.1	Describe morphological features of anemia based on underlying etiology.
		IM9.2.2	Discuss the etiology of anemia based on morphological features.
· · · · · · · · · · · · · · · · · · ·		IM9.2.3	List the prevalence of anemia based on its morphological features.
IM9.3	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior	IM9.3.1	1. To take medical history for anemia and its types
	history, medications, menstrual history, and family history	IM9.3.2	2.Document risk factors for anemia in history
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	IM9.4.1	Perform general physical examination in case on anemia including hyperdynamic circulation, pallor, oral examination, lymph node examination and related general examination
	en en en en en en en en en en en en en e	IM9.4.2	Perform Systemic examination including splenic examination and related systemic examination
IM9.5	Generate a differential diagnosis and prioritize based on clinical features that suggest a specific aetiology	IM9.5.1	1.Generate differential diagnosis in order of priority based on history and examination
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IM9.12	Describe, develop a diagnostic plan to determine the aetiology of anemia	IM9.12.1	Describe and develop and algorithm for diagnosis of anemia which will help determine underlying etiology.
		IM9.12.2	Describe bone marrow aspiration and biopsy and its role in diagnosis of anemia.
IM9.13	Prescribe replacement therapy with iron, B12, folate	IM9.13.1	Management of iron deficiency anemia
		IM9.13.2	Management of anima due to B12 and folate deficiency
IM9.14	Describe the national programs for anemia prevention	IM9.14.1	Describe the national programs for anemia prevention
IW9.15	Communicate the diagnosis and the treatment appropriately to patients	IM9.15.1	Communicate diagnosis of anemia to the patient
		IM9.15.2	Explain importance of appropriate treatment and length of treatment
		IM9.15.3	Explain outcomes of not taking adequate treatment
1M9.16	Incorporate patient preferences in the management of anemia	IM9.16.1	Inclusion of patient preferences in management of anemia
IM9.17	Assist in a blood transfusion	IM9.17.1	Define transfusion biology.
	hander and the second s	IM9.17.2	Describe various blood components.
		IM9.17.3	List and Discuss the indications of blood transfusion.
IM9.18	Describe the indications for blood transfusion and the appropriate use of	IM9.18.1	Discuss indications of blood transfusion
_	blood components	IM9.18.2	Discuss available blood components and their indications of use under different situation
		IM9.18.3	Discuss complications and

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10 Kidney Disease

	COMPETENCY		SLOs
	The student should be able to		
IM10.1	Define, describe, and differentiate between acute and chronic renal failure	IM10.1.1	Define acute renal failure as per guideline
a constant de la cons		IM10.1.2	Describe epidemiology and pathophysiology of

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			and treatment of AKI
IM10.5	Describe and discuss the aetiology of CRF	IM10.5.1	Define CRF as per guidelines.
		IM10.5.2	Define the clinical features and natural
•			history of CRF
		IM10.5.3	Discuss the epidemiology of CRF.
:		IM10.5.4	Describe the pathophysiology and etiology of CRF
IM10.6	Stage Chronic Kidney Disease	IM10.6.1	Describe the KIDGO classification of CKD
		IM10.6.2	Discuss stages of CKD
IM10.7	Describe and discuss the pathophysiology and clinical findings of uremia	IM10.7.1	Describe pathophysiology and biochemistry of uremia.
	was also as a set of the second secon	IM10.7.2	Describe clinical manifestation of uremia
		IM10.7.3	Discuss biochemical manifestation of uremia including fluid and electrolyte imbalance, and neuromuscular abnormality.
IM10.8	Classify, describe, and discuss the significance of proteinuria in CKD	IM10.8.1	Describe approach to a patient with proteinuria.
		IM10.8.2	Discuss the evaluation of proteinuria in a patient with CKD.
		IM10.8.3	Management of proteinuria in CKD
IM20.9	Describe and discuss the pathophysiology of anemia and hyperparathyroidism in CKD	IM10.9.1	Discuss Pathophysiology and natural history of abnormal bone metabolism in CKD.
		IM10.9.2	Discuss Hyperparathyroidism and Bone manifestation of

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			hyperphostemia, Hyperparathyroidism, sleep apnea on CKD.
		IM10.11.5	Discuss abnormal cardiac function and heart failure in CKD.
		IM10.11.6	Discuss the effect of dialysis on cardiac functions in CKD.
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	IM10.12.1	Elicit and document history of azotemia in terms of clinical presentation including duration of disease, urine output and signs of uremia.
		IM10.12.2	Elicit past medical history in a patient with renal disorder considering co morbidities and pre- disposing conditions.
And Andrew Control of the Control of		IM10.12.3	Enumerate difference between acute and chronic kidney disease on basis of history.
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 uremia and associated systemic disease	IM10.13.1	1.Demonstrate systematic examination that establishes the diagnosis and severity including determination of volume status, presence of edema and heart failure, features of uremia and associated systemic disease
ту ст. Тута на вез серез достава постава на постава на постава на постава на постава на постава на постава на п		IM10.13.2	Perform systematic examination that establishes the diagnosis and severity including determination of volume status, presence of

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IM10.17	Describe and calculate indices of renal function based on available laboratories including FeNa (Fractional Excretion of Sodium) and CrCI (Creatinine Clearance)	IM10.17.1	Discuss the significance of renal indices measurement in kidney disease.
		IM10.17.2	Describe the calculation of fractional excretion of Na and creatinine clearance.
IM10.18	Identify the ECG findings in hyperkalemia	IM10.18.1	Describe the ECG findings of hyperkalemia.
		IM10.18.2	Interpet and ECG of hyperkalemia
IM10.19	Enumerate the indications and describe the findings in renal ultrasound	IM10.19.1	Enumerate indication of renal ultrasound.
		IM10.19.2	Discuss the feature of ultrasound suggestive of Acute kidney disease.
20 July 20 Jul		IM10.19.3	Discuss features of ultrasound suggestive of chronic Kidney disease.
IM10,20	Describe and discuss the indications to perform arterial blood gas analysis: interpret the data	IM10.20.1	Discuss the basic concept of arterial blood gas analysis and acid base disorder.
. .		IM10.20.2	Discuss the Indication of ABG analysis.
		IM10.20.3	analysis.
IM10.21	Describe and discuss the indications for and insert a peripheral intravenous catheter	IM10.21.1	Describe an intravenous catheter in terms of size, flow rate, colour coding.
		IM10.21.2	Discuss the indication of putting an intravenous catheter.
		IM10.21.3	Perform intravenous catheterization under aseptic conditions.
IM10.22	Describe and discuss the indications, demonstrate in a model, and assist in the	IM10.22.1	Discuss the indication of central venous or dialysis

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			complications of CKD
IM 10.27	Describe and discuss the indications for	IM10.27.1	Enumerate Indications of
	renal dialysis		renal dialysis
IM 10.28	Describe and discuss the indications for	IM10.28.1	Discuss Indications for
•	renal replacement therapy		renal replacement
•			therapy
	,	IM10.28.2	Describe process and
			advantages of renal
***************************************		<u> </u>	replacement therapy
IM 10.29	Describe discuss and communicate the	IM10.29.1	Discuss ethical and legal
	ethical and legal issues involved in renal		issues in renal
	replacement therapy		replacement therapy
		IM10.29.2	Communicate ethical and
			legal issues in renal
			replacement therapy
IM 10.30	Recognize the impact of CKD on patient's	IM10.30.1	Recognize the impact of
	quality of life well-being work and family		CKD on quality of life of a
			patient of CKD
		IM10.30.2	Recognize the impact of
			CKD on quality of life of a
	ı		primary caregiver of
	,		patient of CKD
			,
		14.440.00.0	
		IM10.30.3	Impact of CKD on work
1884084		18445 04 4	and family of patient
IM 10.31	Incorporate patient preferences into the	IM10.31.1	Discuss role of
	care of CKD		incorporating patient
	•		preferences in care of CKD
			LNU

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****			factors for type 2 diabetes
<u></u>		IM 11.3.4	Describe the economic impact of type 2 diabetes
		IM 11.3.5	Describe the clinical evolution of diabetes highlighting the prediabetic stage and importance of insulin resistance
		IM 11.3.6	Discuss the clinical features of type 2 diabetes
IM 11.4	Describe and discuss the genetic background and the influence of the environment on diabetes	IM 11.4.1	Discuss the influence of genetics on diabetes
		IM 11.4.2	Describe and discuss the influence of environment on diabetes
IM 11.5	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes	IM 11.5.1	Discuss the pathogenesis and temporal evolution of microvascular complications of diabetes
	AND THE PROPERTY OF THE PROPER	IM 11.5.2	Differentiate between comorbidities and target organ damage with respect to development of microvascular complications of type 2 diabetes
·		IM 11.5.3	Schedule time frame for monitoring of target organ damage
	des anticipation in the contract of the contra	IM 11.5.4	Correlate the evolution of microvascular complications namely retinopathy, nephropathy and neuropathy
	то в до до до на на на на на на на на на на на на на	IM 11.5.5	Discuss the pathogenesis and temporal evolution of macrovascular complications of diabetes
IM 11.6	Describe and discuss the pathogenesis and precipitating factors, recognition and management of diabetic emergencies	IM 11.6.1	Enumerate various diabetic emergencies
marret (god for god for god for the State of the state o		IM 11.6.2	Discuss the precipitating factors, clinical features and management of Diabetic ketoacidosis
		IM 11.6.3	Discuss the precipitating factors, clinical features and management of

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IM 11.8.2	Perform a systematic
	examination that establishes
My Arriva	the diagnosis and severity that
	includes detailed examination
	of the foot (pulses, nervous and
	deformities and injuries)
10/11/83	Perform a systematic
WALTER	examination that establishes
	the diagnosis and severity that
-	includes skin, peripheral pulses,
	blood pressure measurement
	and BMI.
184 11 2 4	Perform a systematic
11V1 11.0.4	examination that establishes
Belondarden	
NAT OF THE PARTY O	the diagnosis and severity that
lass as a se	includes fundus examination Perform a systematic
11/1 11.8.5	-
	examination that establishes
	the diagnosis and severity that
disease and the second	includes detailed examination
PRO SECTION OF THE SE	of the foot (pulses, nervous and
	deformities and injuries)
\$	Enumerate common diabetic
	emergencies ·
	· · · · · · · · · · · · · · · · · · ·
M 11.9.2	Describe and discuss how to
	recognize patients presenting
	with of Diabetic ketoacidosis
	based on clinical features
IM 11.9.3	Describe and discuss how to
A. V UMO-10-10-10-10-10-10-10-10-10-10-10-10-10-	recognize patients presenting
Communication of the Communica	with of Hyperglycaemic
e de la companya de l	hyperosmolar non-ketotic
AMA	coma (HONK) based on clinical
and the second second and the second	features
IM 11.9.4	Describe and discuss how to
Anna Co	recognize patients presenting
- di navidane	with of Hypoglycemia based on :
	clinical features
IM11.10.	Discuss and interpret the
1 1	differential diagnosis on the
No. New York	basis of clinical features of a
	diabetic emergency
	the state of the s
IM11.10.	interpret and suggest probable
3	Interpret and suggest probable diagnosis and etiology of
IM11.10. 2	interpret and suggest probable diagnosis and etiology of diabetic emergency
	IM11.10.

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		IM11.15.4	Describe presentation of HONK including history and clinical features
RADBALDA QULAR LARGE RADICALIZA SENDANGO		IM11.15.5	Discuss the principles of management of HONK
IM 11.16	Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions	IM11.16.1	Discuss principal modes and sites of action of pharmacological treatments for type 2 diabetes.
	TINCH SCOTION 2	IM11.16.2	Discuss mechanism of action and Indications for use - Biguanides, sulfonylureas, thiozolidenediones
		IM11.16.3	Discuss mechanism of action and Indications for use - Incretin-based therapies
		IM11.16.4	Discuss alpha-glucosidase inhibitors, SGLT2 inhibitors
		IM11.16.5	Describe and discuss indiactions & contraindications of various therapies of diabetes as per patient characteristics and co-morbidities
		IM11.16.6	Discuss common adverse reactions and interactions among various therapies for diabetes
IW 11.17	Outline a therapeutic approach to therapy of T2Diabetes based on presentation, severity and complications in a cost effective manner	IM11.17.1	Outline therapeutic goals and self-assessment of glycaemic control
		IM11.17.2	Discuss diabetic diet and Lifestyle - Composition of the diet, weight management, exercise
anguna (anniu mananan pantan 1881 yil 1880 ta		IM11.17.3	Discuss insulin therapy - Manufacture and formulation, Insulin dosing regimens
mada hadiin ga dada 4 may san san san san san san san san san san		IM11.17.4	Discuss special situations in diabetes - Surgery and diabetes / Pregnancy / Children and young adults / Ramadan
IVI 11.18	Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and	IM11.18.1	Describe and discuss pathophysiology and prevention of diabetes complications

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			as per above discussion
IM 11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment	IM11.22.1	Discuss hypoglycaemia in diabetics - Causes and risk factors
:		IM11.22.2	Describe clinical assessment of hypoglycaemia, investigations; awareness of hypoglycemia
		IM11.22.3	Discuss management of hypoglycaemia - Emergency management, prevention
IM11.23	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis	IM11.23.1	Discuss diabetic Ketoacidosis - Pathogenesis
	i	IM11.23.2	Discuss diabetic Ketoacidosis - Clinical features,
		IM11.23.3	Discuss diabetic Ketoacidosis - Investigations and management
IM11.24	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of Hyperosmolar non ketotic state	IM11.24.1	Discuss HONK - Pathogenesis
	A + 15 L +	IM11,24,2 IM11,24,3	Discuss HONK - Clinical features Discuss HONK - Investigations
			and management

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H-LONGING AND AND AND AND AND AND AND AND AND AND			pathogenesis of thyroid disease
IM12.2	Describe and discuss the genetic basis of some forms of thyroid dysfunction	IM12.2.1	Discuss the genetic basis of hypothyroidism, Graves' disease, autoimmune thyroid disease & thyroid cancer
IM12.3	Describe & discuss the physiology of the Hypothalamo-pituitary-thyroid axis , principles of thyroid function testing & alterations in physiologic function	IM12.3.1	Describe the physiology of the hypothalamopituitary-thyroid axis
ment den klant de transment de Malitika Mante (1919).		IM12.3.2	Discuss the principles of thyroid function testing
		IM12.3.3	Discuss the alterations of thyroid function tests in various physiologicalconditions like pregnancy, old age.
IM12.4	Describe & discuss the principles of radio lodine uptake in the diagnosis of thyroid disorders	IM12.4.1	Discuss the principles of radio iodine uptake in the diagnosis of thyroid disorders like Graves' disease, thyroiditis & thyroid adenomas
IM12.5	Elicit document & present an appropriate history that will establish the diagnosis of the cause of thyroid dysfunction and its severity	IM12.5.1	In the setting of an outpatient clinic or a ward the student should be able to elicit and document the appropriate history in patients of thyroid dysfunction
			(hypothyroidism and hyperthyroidism)
macanimac kuliki julipinan di Henna :		IM32.5.2	The student should be able to make a differential diagnosis from the history and then establish the final diagnosis of the disease and assess its severity also.
IM 12.6	Perform & demonstrate a systemic examination based on the history that will establish the diagnosis & severity including systemic signs of thyrotoxicosis	IM12.6.1	Elicit the various points in history of suspected cases of hypothyroidism and thyroxicosis. Present

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		IM12.9.2	Interpret the findings of CBC & thyrold function tests for establishing the diagnosis
		IM12.9.3	interpret the findings of ECG for establishing the diagnosis
		IM12.9.4	Interpret the findings of Radioiodine uptake and scan for establishing the diagnosis
IM12.10	Identify Atrial fibrillation, pericardial effusion and bradycardia on ECG	IM12.10.1	On an ECG identify the findings of Atrial fibrillation
annahi.		IM12.10.2	On an ECG identify the findings of pericardial effusion
		IM12,10,3	On an ECG identify the findings of Bradycardia
IM12.11	Interpret Thyroid function tests in hypo and hyperthyroidism	IM12:11.1	Interpret the given samples of lab reports of thyroid function tests of cases with varying degrees of hypothyroidism and hyperthyroidism.
IM12.12	Describe and discuss the Iodination programs of the government of India	IM12.12.1	Describe the salient features of the National lodine deficiency disorder control programme of Govt of India.
		IM12.12.2	Discuss the role of the programme in controlling the incidence of lodine deficiency disorders in India
IM12.13	Describe the pharmacology, indications, adverse reactions, interactions of thyroxine and antithyroid drugs	IM12.13.1	Describe the pharmacology of thyroxine and various antithyroid drugs like carbimazole, methimazole and propylthiouracil
	*	IM12.13.2	Discuss the indications, contraindications and dosage of thyroxine &

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13 Common Malignancies

	COMPETENCY The student should be able to		SLOs
IM13.1	Describe the clinical epidemiology and inherited & modifiable risk factors for common malignancies in India	IM13.1.1	Describe clinical Epidemiology of cancer
		IM13.1.2	Discuss modifiable and non-modifiable risk factors of common cancers in India
IM13.2	Describe the genetic basis of selected cancers	IM13.2.1	Discuss Principle of pharmacogenomics
		IM13.2.2	Discuss Cancer genetics
		IM13,2,3	Discuss role of cancer genes and human

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			challenges in end of life care
IM13.6	Describe and distinguish the difference between curative and palliative care in patients with cancer	IM13.6.1	Discuss difference in curative and palliative treatment.
	37 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	IM13.6.2	Discuss indication of curative treatment
		IM13.6.3	Discuss Indication of palliative treatment
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	IM13.7.1	Discuss Salient points of history in patients with suspected malignancy
		IM13.7.2	Discuss History of Risk factor/aetiology for identification of malignancy
		IM13.7.3	Discuss History of complications in suspected malignancy
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	IM13.8.1	Perform a General physical examination in a case of suspected malignancy
	TOTTPTOUTER OF SERVICE	IM13.8.2	Demonstrate Local examination of chest including examination of relevant lymph nodes
		IM13.8.3	Demonstrate Local examination of breast and relevant lymph node Perform examination of abdominal lump
		IM13.8.4	Demonstrate examination of Reticuloendothelial and musculoskeletal systems

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·		IM13.11.3	Discuss Interpretation of tumor markers
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	IM13,12,1	Discuss Interpretation of chest x-ray AP/lateral
	от восновной на мет на 10 м в	IM13.12.2	Discuss interpretation of bone x-ray for metastatic lesions
		IM13.12.3	Discuss Mammogram interpretation
	· · ·	IM13.12.4	Discuss histopathological implications of tissue biopsies
-		IM13.12.5	Interpretation and significance of Tumor marker in malignancy.
IM13.13	Describe and assess pain and suffering objectively in a patient with cancer	IM13.13.1	Discuss Visual analogue scale and other objective scale assessment in patients of cancer suffering from pain
IM13.14	Describe the Indications for surgery, radiation and chemotherapy for common malignancies	IM13.14.1	Discuss Indication of chemotherapy in management of cancers.
enganentaja		IM13.14.2	Discuss Indication of radiotherapy in management of cancers.
		IM13.14.3	Discuss Indication of surgery in management of cancers.
		IM13.14.4	Discuss combined modalities in management of cancers.
IM13.15	Describe the need, tests involved, their utility in the prevention of common malignancies	IM13.15.1	Discuss Need of screening for cancers
		IM13.15.2	Discuss When and whom to screen for malignancy.

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14 Obesity

	COMPETENCY The student should be able to		SLO s
IM14.1	Define and measure obesity as it relates	IM14.1.1	Define obesity.
	to the Indian population.	IM14.1.2	Discuss methods of measuring obesity in Indian Population
IM14.2	Describe and discuss the actiology of obesity including modifiable and non-	IM14.2.1	Describe etiology of obesity.
	modifiable risk factors and secondary causes	IM14.2.2	Discuss modifiable and non-modifiable risk factors for obesity
		IM14.2.3	Discuss secondary risk factors for obesity.
IM14.3	Describe and discuss the monogenic forms of obesity	IM14.3.1	Describe monogenic forms of obesity.
		IM14.3.2	Discuss monogenic forms of obesity.
IM14.4	Describe and discuss the impact of environmental factors including eating habits, food, work, environment, and	IM14.4.1	Describe the impact of environmental factors including eating habits,

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1	And the state of t	IM14.7.2	Document a physical
		110114.7.2	examination based on the
		886	history that includes
		*	
	·		
	·		
			abdominal obesity, signs
			of secondary causes and
			comorbidities
		IM14.7.3	Demonstrate a physical
			examination based on the
	•		history that includes
			general examination,
			measurement of
			abdominal obesity, signs
			of secondary causes and
		***************************************	comorbidities
IM14.8	Generate a differential diagnosis based	IM14,8.1	Generate a differential
	on the presenting symptoms and clinical		diagnosis based on the
	features and prioritize based on the		presenting symptoms and
	most likely diagnosis		clinical features.
		IM14.8.2	Document and prioritize
			differential diagnosis
			based on the most likely
			diagnosis.
IM14.9	Order and interpret diagnostic tests	IM14.9	Order and interpret
	based on the clinical diagnosis including		diagnostic tests based on
	blood glucose, lipids, thyroid function		the clinical diagnosis
	tests etc.		including blood glucose,
			lipids, thyroid function
		IM14.9	tests etc.
-		IM14.9	Interpret diagnostic tests based on the clinical
			diagnosis including
			blood glucose, lipids,
			thyroid function tests etc.
			myroto tunction tests etc.
IM14.10	Describe the indications and interpret	IMIA IN I	Describe the indications
UI.P.EXVIE	the results of tests for secondary causes	AIVLLT.LV.1	for secondary causes of
	of obesity		obesity
-	or onesity	IM14.10.2	Interpret the results of
		11V117.1U.4	
		***************************************	tests for secondary causes of obesity
IM14.11	Communicate and counsel patient on	IMIAIII	Counsel patient on
#348# 4.11	behavioral, dietary and lifestyle	* * * * * * * * * * * * * * * * * * * *	behavioral, dietary and
	modifications	Section of the sectio	lifestyle modifications.
	BELLEBECHEELIED	IM14.11.2	Communicate patient on
***************************************		1171 (4, 11.2	behavioral, dietary and
· ·		· ·	lifestyle modifications
		-	mental monitorion
IM14.12	Demonstrate an understanding of	IM14.12.1	Demonstrate on
# # # # # # # # # # # # # # # # # # #	The Green and the Committee of the commi	ATAI TORGOLD	a-osticitoresism M11

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15 GI Bleeding

	COMPETENCY The student should be able to		SLOs
15.1	Enumerate, describe and discuss the actiology of upper and lower GI bleeding	15.1.2	Enumerate the various causes of upper GI bleeding
		15.1.3	Describe the common causes of Lower Gi bleeding at different ages
		15.1.4	discuss the etiology of common causes of upper GI bleed in adult age
15.2	Enumerate, describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed	15.7.1	Enumerate the initial steps involved in evaluation of a patient presenting with acute GI blood loss.
		15.2.1	Briefly describe the steps involved in stabilizing a patient with acute GI blood loss
15.3	Describe and discuss the physiologic effects of acute blood and volume loss	15.3.1	Describe the clinical evaluation of acute blood loss.
		15.3.2	Briefly discuss the

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		· Powerten management and management	7 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15.8	Generate a differential diagnosis based	15.8.1	Describe the important
	on the presenting symptoms and clinical		differential diagnosis
	features and prioritise based on the most		based on history and
	}		important physical
	likely diagnosis		,
	'		examination of a patient
			presenting with upper &
	,		lower GI bleeding.
		15.8.2	Arrange the list of
			differential diagnosis
			according to clinical
		-	features & examination.
		<u> </u>	<u></u>
15.9	Choose and interpret diagnostic tests	15.9.1	Discuss the
	based on the clinical diagnosis including	22	interpretation &
	complete blood count, PT and PTT, stool	n X X	relevance of CBC,
	examination, occult blood, liver function	8900	coagulation profile, LFT
	tests, and H.pylori test.		and stool testing in case
	rearal area such have rear		of upper GI bleeding.
	E CONTRACTOR OF THE PROPERTY O	15.9.2	Describe the various
:		13.3.£	tests for invasive & non-
		# #	invasive testing of
100			prevalence of H.pylori &
		c:	also eradication of H.
•			Pylori.
15.10	Enumerate the Indications for	15.10.1	Enumerate the
20120	endoscopy, colonoscopy and other	100000	indications for
A	imaging procedures in the investigation		endoscopy, and common
	, -	*	findings in case of upper
	of Upper GI bleeding		GI bleeding
	A STATE OF THE STA		
		15.10.2	Discuss the findings on
		e de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp	colonoscopy and capsule
		1	endoscopy in case of GI
		Í	bleeding
15.11	Develop, document and present a	15.11.1	Discuss the treatment
****	treatment plan that includes fluid		plan for fluid
	resuscitation, blood and blood	Property	resuscitation & blood
	component transfusion, and specific	Vitaganda a de	component resuscitation
		selfer . A to	in a patient having mild,
	therapy for arresting blood loss		moderate & massive GI
	The state of the s	and the second	
	***	· ·	bleeding (upper &
	2		lower)as a flowchart
	11 24	15.11.2	Describe the specific
		No. of Park	therapeutic options in
		The second	blood component
	· ·	-	therapy for upper &
		-	lower GI bleeding.
		Anna de la companya della companya d	The state of the s
15.12	Enumerate the Indications for whole	15.12.1	Discuss the indications of
	blood, component and platelet	A.V. A.DEGAWA	whole blood, packed
	1	and the second s	azikx inan manan manan manan matakan paga manan da kanan ma

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	interventions and Surgery		indications for
		74. Table 1	endoscopic
			interventions.
		15.16.2	Discuss the various
		Williakhee	endoscopic therapeutic
	The state of the s	***************************************	options for treatment of
			moderate to massive
*	The state of the s		upper GI bleeding &
	**************************************		moderate to massive
(2) T. V. V. P. V. V. V. V. V. V. V. V. V. V. V. V. V.			fower GI bleeding.
	The second secon	15.16.3	Describe the various
			surgical procedures
			involved in massive
			upper GI bleeding &
***********************			lower GI bleeding.
15.17	Determine appropriate level of specialist	15.17.1	Discuss the various
	consultation		therapeutic strategies
			used in GI bleeding
	·	SCARRED .	(medical/gastroenterolo
		<u> </u>	gical/surgical)
		15.17.2	Describe the role of
		00	therapeutic
je.			endoscopy,colonoscopy,i
		dia di santana	nterventional radiology
			and GI surgery in
			uncontrollable GI
4 # 4 S			bleeding
15.18	Counsel the family and patient in an		Counsel on the various
	empathetic non-judgmental manner on		diagnostic and
	the diagnosis and therapeutic options		therapeutic options for
			Gi bleed

16 Diarrhoeal Disorders

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IM 16.5	Perform, document and demonstrate a physical examination based on history that includes general examination, including an appropriate abdominal examination	IM 16.5.1	Perform a comprehensive and detailed general physical and systemic examination in a patient with diarrhoea Demonstrate and
		IM 16.5.2	interpret degree of dehydration
		IM 16.5.3	Discuss and interpret importance of blood pressure, pulse, urine output and ongoing stool losses
,		IM 16.5.4	Enumerate and interpret the difference between infectious and non- infectious diarrhoea
		IM 16.5.5	Describe and discuss the impact of acute diarrhoea on fluid balance
IM 16.6	Distinguish between diarrhoea and dysentery based on clinical features	IM 16.6.1	Describe the clinical features of dysentery
		IM 16.6.2	Discuss the difference between diarrhoea and dysentery based on clinical features
IM 16,7	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	IM 16.7.1	Describe and interpret the presenting symptoms and clinical features of a diarrhoea case
		IM 16.7.2	Interpret the common differential diagnosis Interpret the most likely
NAMES OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWN		IM 16.7.3	diagnosis
IM 16.8	Choose and Interpret diagnostic tests based on clinical diagnosis including complete blood count and stool examination	IM 16.8.1	Discuss and interpret complete blood count in diarrhoea
		IM 16.8.2	Discuss and interpret stool examination in diarrhoea
		IM 16.8.3	Choose and interpret the appropriate diagnostic tests for

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			common parasitic cause
		IM 16.13.3	of diarrhoea Describe the pharmacology and side effects of the pharmacotherapy for common parasitic cause of diarrhoea
IM 16.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhoea	IM 16.14.1	Enumerate the indications for pharmacotherapy for common bacterial and viral of diarrhoea
MA Annimonia Agrico no compresso sucidiorista e con constante e constante e constante e constante e constante e		IM 16.14.2	Describe the pharmacotherapy for common bacterial and viral of diarrhoea
		100.14.3	Describe the pharmacology and side effects of the pharmacotherapy for common bacterial and viral of diarrhoea
IM 16.15	Distinguish based on the clinical presentation of Crohn's disease from ulcerative colitis	IM 16.15.1	Describe the clinical presentation of Crohn's disease
		IM 16.15.2	Describe the clinical presentation of Ulcerative colitis
		IM 16.15.3	Compare clinical presentation of Crohn's disease and Ulcerative colitis
IM 16.16	Describe and enumerate the Indications, pharmacology and side effects of pharmacotherapy for Inflammatory bowel disease	IM 16.16.1	Enumerate the indications for pharmacotherapy for inflammatory bowel disease
		IM 16.16.2	Enumerate and describe the pharmacotherapy for inflammatory bowel disease including non-biological and biological agents
		IM 16.16.3	Describe the pharmacology and side effects of the

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	COMPETENCY		SLOs
	The student should be able to		
IM 17.1	Define and classify headache and	17.1.1	At the end of the
	describe the presenting features,		session, the phase II
	precipitating factors, aggravating and		student must be able to
	relieving factors of various kinds of		enumerate the
	headache		classification and types
	C has the first first per to have		of headaches correctly.
			At the end of the
٠. ا		17.1.2	session, the phase II
			student must be able to
			differentiate between
			primary and secondary
	·		headaches correctly.
		17.1.3	At the end of the
			session, the phase II
			student must be able to
			describe the clinical
			features of various types
			of headaches correctly.
		17.1.4	At the end of the
	i a	* 3.00 P	session, the phase II
			student must be able to
<u>.</u>			discuss the clinical
			features of migraine,
			tension and cluster
			headache correctly.
		17.1.5	At the end of the
)			session, the phase II
			student must be able to
			list the clinical features
			of raised intracranial
			pressure accurately.
IM 17.2	Elicit and document and present an	17.2.1	At the end of the
	appropriate history including aura,		session, the phase II
A.	precipitating aggravating and relieving		student must be able to
:.	factors, associated symptoms that help		elicit all components of
	identify the cause of headaches		the history of a patient
:	~		of headache presenting
			in the OPD accurately
***************************************		17.2.2	At the end of the
	•	è	and the Alexander of
·			session, the phase II
		TOTAL PROPERTY AND THE	student must be able to
		And a supplemental of the	-
			student must be able to
			student must be able to record the

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			*
			neurologic examination
			accurately and
			completely
-		17.4.2	At the end of the
		17.4.2	3
			session, the phase II
			student must be able to
-	·		perform and
			demonstrate a focused
			3
			neurologic examination
			to identify signs of raised
			fintracranial tension
			accurately
		17.4.3	At the end of the
		47,***1.3	*
* :		<u> </u>	session, the phase II
			student must be able to
			perform and
			demonstrate a focused
		# ·	neurologic examination
			to identify neck signs of
	600 460	Secretary of the Control of the Cont	meningitis accurately
	- distriction -	17.4.4	At the end of the
	Sar Anna Carlo		session, the phase II
			student must be able to
	8 **		accurately identify and
. 1			
		200	discuss the neurologic
			signs of different types
			f of cerebral/brainstem
			herniation
IM 17.	Generate document and present a	17.5.1	At the end of the
MVI I.		'anti it is matter attr	session, the phase III
	differential diagnosis based on the		student must be able to
Services.	clinical features and prioritise the		{ · · · · · · · · · · · · · · · · · · ·
To the same of the	diagnosis based on the presentation	· n	make a list of differential
200			diagnosis of causes of
E-Maggine			headache
b		17.5.2	At the end of the
17	No.	pto a 3 mg 3 step.	session, the phase III
	v olimetry.		1
	94	***	student must be able to
-			discuss the differential
	· ·		diagnosis of headache
		1900	based on the history and
4	Beautiful	a de la companya de l	examination findings
			accurately
	and the second s	49 * 4	At the end of the
2		17.5.3	& Control of the Cont
Por property of the control of the c			session, the phase III
	-t-		student must be able to
**************************************	. *	- de-	identify the clinical
STATE OF THE STATE		- April - Apri	features in favour of and
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					i	W.L.		against each etiology in
					:	T-	080	the list of differential
	1							diagnosis by
	# · ·	***				one of the contract of the con	NATION OF THE PARTY OF THE PART	
			*					documenting the points
- 1	14							in the notes
					:		17.5.4	At the end of the
							E-CHA	session, the phase III
	1	CONC.			:		· .	
	4			• *		- 1		student must be able to
1.79	£].	•	1.5				identify and interpret the
	11]	• •				and the same of th	clinical findings of the
								case to narrow the
	1				:	- 10		k .
:	ş				- :			diagnosis to the most
. 1].		124	- -	1 .		likely cause correctly, as
	1., kdj		<u> </u>	altalla sile	!		d see	far as possible
IM:	17.6	Choose ar	nd interpre	t diagnostic	tes	ting	17.6.1	At the end of the
				diagnosis i				session, the phase III
			rie niinra	mieBilihala I	(3-14)	MIIIE	The state of the s	
		imaging		i	- 1:		Millermone	student must be able to
		1				200,000		correctly identify which
1						E-Maria	- MANAGEMENT	patient of headache
		Park Andrews		1.	T.		ACCOUNT OF THE PERSON OF THE P	must undergo diagnostic
į		T. Address			1		www.	
							- OP-COPPER	testing, based on the
	************	<u></u>						clinical diagnosis
				•	100		17.6.2	At the end of the
				4,	į.	Nucleon and the second	A.	session, the phase III
			•	JF	£		\$	student must be able to
				-	ĺ			and the first of the control of the
					ĺ		v .	correctly identify which
					1 1	A74.00		patient of headache
				1.0				must undergo imaging,
: [991	11			based on the clinical
	· · ·				1		rational a	diagnosis
					61		4 mg 42 Mg	
, and		1.					17.6.3	At the end of the
		Barrier Ste		100	1	11 12	*	session, the phase III
. 54				y 44	1			student must be able to
5.50	- Constant	·				TATALAN		correctly choose the
		# :	٠,		1.7	A. A. A.		The state of the s
- 1								further diagnostic
- Augusta		Ī.	1	di tri	4			investigations for
				30 E		- Anna Anna Anna Anna Anna Anna Anna Ann		headache, based on the
: 2						and delivery of the second		clinical diagnosis
. 3						200	17.6.4	At the end of the
			. 4	1. 基本	1	200	Mad white	The Review of the contract of
	resta	· · · · ·	1.11			7.000		session, the phase III
	institution of	Su		5번 불	10	7A seems		student must be able to
}	1	hai m	٠.	<u>.</u> 1	13			correctly choose the
1 5	1				- 134			imaging modality for
			9.5					
			4.					Investigation of
					:			headache (CT scan
· P			· 1					versus MRI), based on
· į	J4 1		. 3	학 되는 보험	1	APLEASE.	M	the accuracy, availability,
***********					<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
- V(}	44 11 1			and the second second	40.0	3		entrant to the control of the control of

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			cost and safety
	a. A. A. A. A. A. A. A. A. A. A. A. A. A.		parameters
		1,700	At the end of the
	· ·	17.6.5	session, the phase III
			student must be able to
	nt order		£
			correctly interpret the
			results of the
	nitra de la companya de la companya de la companya de la companya de la companya de la companya de la companya		investigations for
			headache, including
			imaging
IM 17.7	Enumerate the indications and describe	17.7.1	At the end of the
	the findings in the CSF in patients with		session, the phase III
	meningitis		student must be able to
			correctly list the
			indications for doing a
		4 Me We Me	lumbar puncture
		17.7.2	At the end of the
			session, the phase III
*			student must be able to
м			correctly list the contra-
			indications for doing a
		4 24 46 4	lumbar puncture
	-	17.7.3	At the end of the
			session, the phase III student must be able to
•			correctly list the various
		*	parameters studied in a
	**	and the second	CSF sample in a case of
			meningitis
		17.7.4	At the end of the
		11:1:4	session, the phase III
		900	student must be able to
	•	a de la companya de l	correctly describe the
F .	· .	9	normal CSF parameters
			and abnormal findings in
:	Property of the Contract of th		CSF in patients of
	ssoulisies		meningitis (bacterial,
	especial control of the control of t		viral, tubercular)
the 4** **	To the constitution in the same of the sam	17.8.1	At the end of the session
IM 17.8	Demonstrate in a mannequin or	71.0.7	a phase IV student must
٠.	equivalent the correct technique for performing a lumbar puncture	200	be able to counsel the
	hanotume a munat bancana		patient and attendants
*			about lumbar puncture
			procedure and obtain
•			their written consent
			correctly
		17.8.2	At the end of the session
		17.0.2	We nic cira ni nic session

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		the phase IV student must be able to correctly enumerate the steps of
The desired was properties.		doing a lumbar puncture, including preparation, instruments, the procedure itself and
		post-procedure care 17.8.3 At the end of the session
A DE L'ALL STATEMENT DE L'ALL ST		the phase IV student must be able to enumerate and accurately identify the
		complications of lumbar puncture
		17.8.4 At the end of the session the phase IV student must have observed a lumbar puncture being done in a mannequin or
		patient 17.8.5 At the end of the session the phase IV student must be able to
		demonstrate all the steps of a lumbar puncture on a mannequin
The state of the s		17.8.6 At the end of the session the phase IV student must be able to document the lumbar puncture procedure in
		the notes accurately 17.8.7 At the end of the session the phase IV student must be able to correctly
		describe collection, storage, handling and transportation of CSF
3 2 13 3 1 2 3 1 1	i i i i i i i i i i i i i i i i i i i	samples to the laboratory for analysis.
И 17. 9	Interpret the CSF findings when presented with various parameters of fluid analysis	17.9.1 At the end of the session
ACCOUNT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	a v l	analysed in CSF
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		17.9.2	At the end of the session a student of phase III
	•		must be able to correctly
	· ·		identify and discuss the
			abnormal CSF findings in
. ",			a report
. 1	· <u>.</u>	17.9.3	At the end of the session
			a student of phase III
			must be able to correctly interpret the CSF report
			and arrive at a likely
			etiology in the context of
			the clinical case
IM17.10	Enumerate the indications for emergency	17.10.1	At the end of the
HAIT\'TA	care admission and immediate		session, the phase III
	supportive care in patients with		student must be able to
	headache		correctly list the
	8 8 W W W W W W W W W		indications for
			emergency admission in
	ii v	A DESIGNATION OF THE PROPERTY	a patient of headache
		17.10.2	At the end of the
C. C. C. C. C. C. C. C. C. C. C. C. C. C			session, the phase III
			student must be able to
	•		accurately elicit a focused, short history
		ON LUMB	and perform a relevant
			neurological examination
, .			to Identify which
All and a second			patients of headache
Mills for change			need emergency
		and the second	admission
		17,10.3	At the end of the
			session, the phase III
·			student must be able to
Name of the last o	No.		correctly describe the
E7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· ·		supportive care
			(resuscitation, secure
	Reading .		airway, IV access,
	-		lowering ICP) during emergency admission in
	:		patients of headache
	Describe the indications, pharmacology,	17.11.1	At the end of the
IM17.11	dose, side effects of abortive therapy in		session, a phase IV
	migraine		student must be able to
	THE STATE OF THE S		correctly discuss the
1.	and the state of t		indications and
			contraindications of
27		Li	1

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				various drugs used for abortive therapy in migraine
The first of a second s			17.11.2	At the end of the session, a phase IV student must be able to list the drugs, their
ode over 17,222 demonstration of the	The property of the control of the c			routes of administration and doses when used fo abortive therapy in migraine
THE WAY AND ADDRESS OF THE PARTY AND ADDRESS O			17.11.3	At the end of the session, a phase IV student must be able to
	of Variation and			analyse and discuss the appropriate abortive therapy for an individual
ANY CONTRACTOR AND ANY CONTRACTO	The annual part of the state of			patient of migraine taking into account his/her disease pattern, choices, co-morbidities,
	WHO CHIEF TO THE THE THE THE THE THE THE THE THE THE		17.11.4	toxicity, availability and cost At the end of the
TO THE PARTY OF TH				session, a phase IV student must be able to correctly counsel the
				patient regarding the dosing, precautions, and side-effects of abortive therapy
TO TO A Continue of the Contin			17.11.5	At the end of the session, a phase IV student must be able to
V T T T T T T T T T T T T T T T T T T T				counsel the patient about the need to maintain a headache
И17.12	Describe the Indicat	ions, pharmacold	ogy, 17.12.1	diary and how to prevent medication (NSAID) overuse At the end of the
	dose, side effects of In migraine			session, a phase IV student must be able to discuss the indications and contraindications of
	355 HAARIN 400 (1904)	TOTAL CONTRACTOR CONTR		drugs used for prophylactic therapy in

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ľ			17.12.2	At the end of the
-		•		session, a phase IV
-	,	•		student must be able to
-				
ı				correctly list the drugs.
-				their routes of
-				administration, duration
-				and doses when used for
				prophylactic therapy in
	I			migraine
		·	17.12.3	At the end of the
	1		and it is the first way	session, a phase IV
990000	1	,		student must be able to
				analyse and discuss the
00000000	*			appropriate prophylactic
000000000	.1			therapy for an Individual
amendo a		·		
obdoblob.	-	·		patient of migraine
Modelit				taking into account
				his/her disease pattern,
NAMES AND				choices, co-morbidities,
A200.X	-			· · · · · · · · · · · · · · · · · · ·
92010090	3			toxicity, availability and
A 2010				cost
-	:		17.12.4	At the end of the
-				session, a phase IV
-				student must be able to
-				1
ANALOS S				correctly counsel the
CONTRACTOR				patient regarding the
-				dosing, precautions,
o Andreas				compliance and side-
The ordinal for	-			effects of prophylactic
was weeklik				
manner en			**************************************	therapy
AND AND AND			17.12.5	At the end of the
unda u su	1			session, a phase IV
ACT CANA				student must be able to
and white				
SAN SAN				counsel the patient
Special				about maintaining a
-				headache diary
	IM17.13	Describe the pharmacology, dose,	17.13.1	At the end of the
200000	HAITL'TO		that is the standard of the	session, a phase III
000000000000000000000000000000000000000		adverse reactions and regimens of drugs		1
-		used in the treatment of bacterial,		student must be able to
		tubercular and viral meningitis		correctly list the drugs,
				their routes of
00000000				administration, duration
				,
				and doses when used for
				treatment of bacterial,
				tubercular and viral
				meningitis
-				

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17.13.2 At the end of the session, a phase IV student must be a correctly choose antibiotics for empt treatment of bacter meningits in adult 17.13.3 At the end of the session, a phase IV student must be al describe penicillin testing, side-effect renal dose modific in a case of bacteri meningitis 17.13.4 At the end of the session, a phase IV student must be al discuss the correct Acyclovir for a pati viral meningitis (de administration, precautions, durati viral meningitis (de administration, precautions, durati viral meningitis (de administration, precautions, durati viral meningitis durati viral meningitis deservations of the session, a phase IV student must be all correctly discuss the prescription writing treatment of tuber meningitis based on weight, as per natingidelines 17.13.6 At the end of the session, a phase IV student must be all discuss the monitor patients for toxicity anti-tubercular dru 17.13.7 At the end of the session, a phase IV student must be all discuss the monitor patients for toxicity anti-tubercular dru 17.13.7 At the end of the session, a phase IV	
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anti-tubercular dru 17.13.7 At the end of the	
17.13.7 At the end of the	
	Social annual of
student must be at	la ta
discuss the manage	ment :
of a patient who	
develops hepatoto	
due to anti-tubercu	ar
therapy	·
IM17.14 Counsel patients with migraine and 17.14.1 At the end of the	· ·

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	tension headache on lifestyle changes and need for prophylactic therapy		session, the phase IV student should be able to correctly list the
			aggravating/triggering factors for migraine and tension headache
		17,14.2	At the end of the session, the phase IV student should be able to correctly identify the precipitating/aggravating factors for migraine and tension headache, in a particular patient by talking to him/her
		17.14.3	At the end of the session, the phase IV student should be able to inform and counsel the patient about lifestyle changes to be made in order to avoid the precipitating factors of headache
The state of the s		17.14.4	At the end of the session, the phase IV student should be able to correctly counsel the patient regarding need for and compliance with prophylactic therapy for preventing migraine and tension headache
		17.14.5	At the end of the session, a phase IV student must be able to counsel the patient about the need to maintain a headache diary

18 CVA

	COMPETENC	**************************************		SLOs	
	× 8	184 MM	1	2	R
du	44	On demonstration		>	WE

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- 14 Name and Address -	The student should be able to	1	
M18.1	Describe the functional and the vascular anatomy of the brain	IM18.1.1	Describe the functional anatomy of the brain
		IM18.1.2	Describe the vascular anatomy of the brain
M18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing	IM18.2.1	Classify cerebrovascula accidents
The second secon	genetic and risk factors pathogenesis of hemorrhagic and non-hemorrhagic stroke	IM18.2.2	Describe the aetiology, of hemorrhagic and nor hemorrhagic stroke
		IM18.2.3	Describe the predisposing factors of hemorrhagic and non
The second secon		IM18.2.4	hemorrhagic stroke Describe the risk factors of hemorrhagic and nor hemorrhagic stroke
		IM18.2.5	Describe the pathogenesis of hemorrhagic and non hemorrhagic stroke
AND THE PROPERTY OF THE PROPER	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	IM18.3.1	Elicit an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated
wedlet (* 46.06.) Variablesport pena	The state of the s	18 999 XIII 97 27 47 71 X X X X X X X X X X X X X X X X X X	symptoms that help identify the cause of the cerebrovascular acciden
We offered the Administration control of the Administration of the		IM18.3.2	Document an appropriate history including onset, progression, precipitating and aggravating relieving
andone on occurrence (Microsoft Constitution of Constitution o	Stechand Steel a	makanya melangan kanangan tors, associated symptoms that help Identify the cause of the cerebrovascular acciden	
	A. A. A. A. A. A. A. A. A. A. A. A. A. A	:	Present an appropriate history including onset, progression, precipitating and

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		ALC: A CONTRACT OF THE PARTY OF	The second secon
			symptoms that help
			identify the cause of the cerebrovascular accident
184467.4	Identify the nature of the cerebrovascular	IM18.4.1	Identify the nature of
IM18.4	accident based on the temporal evolution	IIA+TO'H'T	the cerebrovascular
	and resolution of the illness		accident based on the
	ally resolution of the finess		temporal evolution
		IM18.4.2	Identify the nature of
		livitri	the cerebrovascular
			accident based on the
	-		resolution of the illness
IM18.5	Perform, demonstrate & document	IM18.5.1	Perform, physical
iiAiTO'D	physical examination that	**************************************	examination that
	includes general and a detailed		Includes general and a
	neurologic examination as	rannachters.	detailed neurologic
	appropriate, based on the history	177	examination as
	mile ber miles recomming and a series of a series of		appropriate, based on
	. •		the history
		IM18.5.2	Demonstrate physical
		-	examination that
			includes general and a
			detailed neurologic
			examination as
		and the second	appropriate, based on
*	. *	MARKA MARKA	the history
).	IM18.5.3	Document physical
		-	examination that
		-	includes general and a
			detailed neurologic
			examination as
			appropriate, based on
		IM18.6.1	the history Distinguish the lesion
IW18.6	Distinguish the lesion based on upper vs lower motor neuron, side, site and most	DAITO'O'T	based on upper vs lower
.31	probable nature of the lesion		motor neuron.
	himanie naraje oj die jesion		
		IM18.6.2	Distinguish the lesion-
			based on side of
	A CONTRACTOR OF THE CONTRACTOR		involvement and
•	1		possible site
		IM18.6.3	Distinguish the lesion
•			based on site of the
	**************************************		lesion
	•	IM18.6.4	Distinguish the lesion
	:		most probable nature of

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		T	the lesion
IM18.7	Describe the clinical features and distinguish, based on clinical examination, the various disorders of	IM18.7.1	Describe the clinical features of the various disorders of speech
	speech	IM18.7.2	Describe and distinguish, based on clinical examination, the various disorders of speech
IM18.8	Describe and distinguish, based on the clinical presentation, the types of bladder dysfunction seen in CNS disease	IM18.8.1	Describe the clinical features of the various bladder disorders.
		IM18.8.2	Describe and distinguish, based on clinical examination, the various bladder disorders.
IM18.9	Choose and interpret the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion	IM18.9.1	Choose the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion
		IM18.9.2	Interpret the appropriate diagnostic and imaging test that will delineate the anatomy and underlying cause of the lesion
IM18.10	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)	IM18.10.1	Choose the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
		IM18.10.2	Interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
IM18.11	Describe the initial supportive management of a patient presenting with a cerebrovascular accident (CVA)	IM18.11.1	Describe the initial supportive management of a patient presenting with a cerebrovascular accident (CVA)

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IW18.12	Enumerate the indications for and describe acute therapy of non-hemorrhagic stroke including the use of thrombolytic agents	IM18.12.1	Describe acute therapy of non-hemorrhagic stroke
		IM18.12.2	Enumerate the indications the use of thrombolytic agents of non-hemorrhagic stroke including
IM18.13	Enumerate the indications for and describe the role of anti-platelet agents in non-hemorrhagic stroke	IM18.13.1	Describe the role of anti- platelet agents in non- hemorrhagic stroke
		IM18.13.2	Enumerate the indications of anti- platelet agents in non- hemorrhagic stroke
IM18.14	Describe the initial management of a hemorrhagic stroke	IM18.14.1	Describe the initial management of a hemorrhagic stroke
IM18.15	Enumerate the Indications for surgery in a hemorrhagic stroke	IM18.15.2	Enumerate the indications for surgery in a hemorrhagic stroke
IM18.16	Enumerate the Indications describe and observe the multidisciplinary rehabilitation of patients with a CVA	IM18.16.1	Enumerate the indications of multidisciplinary rehabilitation of patients with a CVA
		IM18.16.2	Describe multidisciplinary rehabilitation of patients with a CVA
		IM18.16.3	Observe the multidisciplinary rehabilitation of patients with a CVA
IM18.17	Counsel patient and family about the diagnosis and therapy in an empathetic manner	IM18.17.1	Counsel patient and family about the diagnosis and therapy in an empathetic manner
The control of the co		IM18.17.2	Counsel the family about the diagnosis and therapy in an empathetic manner

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19 Movement Disorders

Competency The student should be able to	
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IM19.1	Describe the functional anatomy of the locomotor system of the brain	IM19.1.1	Describe the enatomical structures and pathways of transmission
		IM19.1.2	Describe the physiological processes of regulation and integration
IM19.2	Classify movement disorders of the brain based on distribution, rhythm, repetition, exacerbating and relieving factors	IM19.2.1	Enumerate hyperkinetic movement disorders
	COMPANIENTE SING I DINAKTIŠ I KOZOLU	IM19.2.2	Describe body distribution of hyperkinetic movement disorders
IM19.3	Elicit and document and present an appropriate history including onset, progression precipitating and aggravating relieving factors, associated symptoms that	IM19.3.1	Elicit a detailed history of present illness and temporal evolution
	help identify the cause of the movement disorders	IM19.3.2	Identify pointers of underlying systemic or neurological illness
		IM19,3.3	Elicit family history in movement disorders.
		IM19.3.4	Elicit relevant drug history for movement disorders
IM19.4	Perform, demonstrate and document a physical examination that includes a general examination and a detailed neurologic examination using standard	IM19.4.1	Demonstrate physical signs of systemic illness and neurocutaneous markers
	movement rating scales	IM19.4.2	Perform detailed neurological examination with focus on motor system and tests of coordination
IM19.5	Generate document and present a differential diagnosis and prioritise based on the history and physical examination	IM19.5.1	Present differential diagnosis for movement disorders
IM19.6	Make a clinical diagnosis regarding on the anatomical location, nature and cause of the lesion based on the clinical	IM19.6.1	Make a neuroanalomical diagnosis of a movement disorder
	presentation and findings	IM19.6.2	Make a pathological diagnosis of a movement disorder
		IM19.6.3	Make an etiological diagnosisof a movement disorder
IM19.7	Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders	IM19.7.1	Interpret radiological imaging tests done in movement disorders
		IM19.7.2	Interpret electrophysiological tests

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		engenerali santakan (s. jan) nga papananan ana	
			done in movement disorders
IM19.8	Discuss and describe the pharmacology, dose, side effects and interactions used in the drug therapy of Parkinson's syndrome	IM19.8.1	Enumerate the various class of drugs used in Parkinson's disease and their action
e Villatido vare came verm y vigr		IM19.8.2	Describe the Typical dosing of drugs used in Parkinson's disease
6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		IM19.8.3	Discuss the Side effects and interaction of drugs used in Parkinson's disease
IM19.9	Enumerate the indications for use of surgery and botulinum toxin in the treatment of movement disorders	IM19.9.1	Enumerate the Indications for use of surgery in the treatment of movement disorders
The second contraction of the second contrac		IM19,9,2	Enumerate the Indications of botulinum toxin in the treatment of movement disorders

20 Envenomation

	COMPETENCY		SLOs
	The student should be able to		
IM20.1	Enumerate the local poisonous snakes and describe the distinguishing marks of	IM20.1.1	Classify venomous snakes
	each	IM20.1.2	Differentiate venomous snakes as Neurotoxic, Hemotoxic or Myotoxic
		IM20.1.3	Differentiate Features of Poisonous and Non- poisonous snakes
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	IM20,2,1	Explain/Demonstrate First Aid Treatment/ Field Management in a case of snake bite
	in the field	IM20.2.2	List DON'Ts to be done in the field in a case of snake bite
IM20.3	Describe the initial approach to the stabilisation of the patient who presents with snake bite	IM20.3.1	Enumerate the ABCDE approach of primary clinical assessment in a case of snake bite
	A. A. A. A. A. A. A. A. A. A. A. A. A. A	IM20.3.2	Describe the early clues of severe envenoming in a case of snake bite
		IM20.3.3	Discuss treatment of Hypotension, AKI and shock in a case of snake bite
		IM20.3.34	Olscuss treatment of neurotoxic envenomation in a case of snake bite
		IM20,3.5	Discuss treatment of the bitten part in a case of snake bite
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	IM20.4.1	How to elicit history in a patient who comes with alleged history of snake bite
IM20.5	Perform a systematic examination, document and present a physical examination that includes general	IM20.5.1	Demonstrate the ABCDE approach to a patient with snake bite
	examination, local examination, appropriate cardiac and neurologic examination	IM20.5.2	Demonstrate General Physical examination to a patient with snake bite
		IM20.5.3	Discuss the Local

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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		IM20,5.4	examination findings of a patient who presents with snake bite
			Discuss the systemic envenomation findings in a patient with snake bite
IM20.6	Choose and interpret the appropriate diagnostic testing in patients with snake bites	IM20.6,1	Enumerate the investigations to be done in a patient who comes with snake bite
California in the communication of the california of the californi		IM20.6.2	Describe role of dipstick test and urine for microscopy in patient that comes with snake bite
7		IM20.6.3	Discuss role of 20-minute whole blood clotting test in patient with snake bite
IM20.7	Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of	IM20.7.1	What is anti-venom?
	anti-snake venom	IM20.7.2	Describe the indications of use of Anti snake venom
		IM20.7,3	Describe the dose and administration of Anti snake venom
		IM20.7.4	List and discuss the adverse reactions of Anti- snake venom
		IM20.7.5	Discuss treatment of Early anaphylactic and Pyrogenic Anti venom reactions
		IM20.7.6	Discuss treatment of Late(Serum sickness type) reactions
	Describe the diagnosis, initial approach stabilisation and therapy of scorpion envenomation	IM20.8.1	Explain Symptoms and Signs of Scorpion envenomation
		IM20.8.2	Explain management of Scorpion envenomation
	Describe the diagnosis initial approach stabilisation and therapy of bee sting allergy	IM20,9,1	Enumerate normal and allergic reactions of Bee Stings
1000		IM20.9.2	Explain First aid, Treatment of local

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		reaction and anaphylaxis
 	**	for Bee stings
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21 Poisoning

	COMPETENCY			SLOs	
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	The student should be able to		
IM21.1	Describe the initial approach to the stabilisation of the patient who presents with poisoning	IM21.1.1	Describe the initial step of resuscitation in a patient of poisoning
		IM21.1.2	Describe the risk assessment to predict the course of clinical toxicity
		IM21.1.3	Enlist the initial investigations that are sent in a patient of poisoning
		IM21.1.4	Describe the various methods of decontamination and elimination of poison
		IM21.1.5	Enumerate the antidotes available based on type of poisoning
IM21.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis	IM21.2.1	Enumerate the commor plant poisons seen in their area
			* ************************************
	and specific approach to detaxification	IM21.2.2	Describe the toxicology of common plant poisons
	and Specific approach to detaxification	IM21.2.2	of common plant
	and Specific approach to detoxification		of common plant poisons List the clinical features of common plant
	and Specific approach to detaxilication	IM21.2.3	of common plant poisons List the clinical features of common plant poisons Describe the specific approach of detoxification for common plant poisons.
M213	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis	IM21.2.3 IM21.2.4	of common plant poisons List the clinical features of common plant poisons Describe the specific approach of detoxification for common plant poisons. Discuss the prognosis of common plant poisons
IW 21.3	Enumerate the common corrosives used in your area and describe their	IM21.2.3 IM21.2.4 IM21.2.5	of common plant poisons List the clinical features of common plant poisons Describe the specific approach of detoxification for common plant poisons. Discuss the prognosis of common plant poisons Enumerate the common corrosives used in their

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		·	List the clinical features
			of common corrosive
		IM21.3.4	Describe the approach towards therapy of common corrosive poisoning
		IM21.3.5	Discuss the prognosis of common corrosives
IM21.4	Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis	IM21.4.1	Enumerate the commonly observed drug overdose in their area
	and approach to therapy	IM21.4.2	Describe the toxicology of common drug overdose
		IM21.4.3	List the clinical features of common drug overdose
		IM21.4.4	Describe the approach towards therapy of common drug overdose
		IM21.4.5	Discuss the prognosis of common drug overdose
IM21.5	Observe and describe the functions and role of a polson center in	IM21.5.1	Enumerate the functions of poison centre
·	suspected poisoning	IM21.5.2	Describe the role of a poison centre in suspected poisoning
	•	IM21.5.3	Observe the functioning of a poison centre.
IM21.6	Describe the medico legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico legal report	IM21.6.1	Describe the medicolegal aspects of suspected suicidal poisoning
	on a suspected poisoning	IM21.6.2	Oescribe the medicolegal aspects of suspected homicidal poisoning
		IM21.6.3	Demonstrate the correct procedure to write a medicolegal report on a suspected poisoning.

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IM21.7	Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy		IM21.7.1	Demonstrate the understanding of family members on the clinical condition of their patient
			IM21.7.2	Inform the family members regarding the clinical condition of patient
		:	IM21.7.3	Counsel the family members on various medicolegal aspects in a patient of suspected polsoning
IM21.8	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patien with suspected suicidal ideation /	t	IM21.8.1	Enumerate the indications for psychiatric consultation
	gesture		IM21.8.2	Describe the precautions to be taken in a patient with suspected suicidal ideation/gesture

22 Mineral and Acid-base Disorders

	Competency	SLOs
	The student should be able to	
IM22.1		
IIAITT'T	Enumerate the causes of hypercalcemia IM22.1.1	Describe physiology of
	and distinguish the features of PTH vs	calciumhomeostasis
	non PTH mediated hyperralcemia	

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		3887747	Describe the
	Objective	IM22.1.2	1 1
			pathological
			consequences of
			hypercalcemia.
		IM22.1.3	Enumerate the causes of
			hypercalcemia.
		dielle management per met gegen de la company de la compan	1
		IM22.1.4	Enumerate the clinical
			feature of
			hypercalcemia.
		IM22.1.5	Distinguish the features
			of PTH vs non PTH
			mediated
			hypercalcemia.
ajikwakaji wasani wasani sana		4433333	Discuss pathogenesis of
IM22.2	Describe the etiology, clinical	IM22.2.1	
	manifestations, diagnosis and clinical	· ·	hyperparathyroidism
	approach to primary		
	hyperparathyroidism.	IM22.2.2	Describe the etiology of
		Production of the Control of the Con	primary
			nyperparathyroidism.
	Personal Programme Control of the Co	· · · · · · · · · · · · · · · · · · ·	·
		IM22.2.3	Enumerate the clinical
		1171	manifestations of
	***		primary
			hyperparathyroldism.
. *		Overland)	114berbarerriannon
		IM22.2.4	Discuss clinical approach
			to primary
			hyperparathyroidism.
	- Constitution	L	
		IM22.2.5	Discuss diagnosis of
	The state of the s		primary
		A. S. C. S.	hyperparathyroldism.
		**	
	· ·	IM22.2.6	Describe surgery
		· ·	intervention in case
		A-1 MA 18	orimary
		and the same of th	hyperparathyroidism.
			And the second s
IM22.3	Describe the approach to the	MM22.3.1	Describe the
	management of hypercalcemia.	prose as a	pharmacology actions of
		Address	drugs used in
			Hypercalcemia.
		IM22.3.2	Describe the
4	***************************************	Automotion .	management of
		1300man/004	Hypercalcemia.
15000 6	Enumerate the components and describe	IM22.4.1	Discuss pathogenesis of
IM22.4	counciste the components and describe	13A1WW.4.4.W	MEN syndrome
	the genetic basis of the multiple	1	Livinia skirm offic

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	endocrine neoplasia syndromes.	IM22.4.2	Enumerate the components of the multiple endocrine neoplasia syndromes.
		IM22.4.3	Describe the genetic basis of the multiple endocrine neoplasia syndromes.
IM22,5	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with hyponatremia.	IM22.4.1	Enumerate the causes and clinical features of hyponatremia.
Section of the sectio	with hyponatremia.	IM22.4,2	Describe diagnostic approach of hyponatremia.
	Annual control of the Control of the	IM22,4.3	Describe management of the patient with hyponatremia
IM22.6	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and	IM22:6.1	Enumerate the causes and clinical features of hypernatremia.
	management of the patient with hypernatremia.	IM22.6.2	Describe the laboratory features and the correct approach to the diagnosis of hypernatremia.
en en en en en en en en en en en en en e	A min continuous conti	IM22.6.3	Describe the treatment of the patient with hypernatremia.
	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with	IM22.7.1	Enumerate the causes and describe the clinical feature of hypokalemia.
	tiypökalemla.	IM22.7.2	Describe the laboratory features and the correct approach to the diagnosis of hypokalemia.
	The contract of the contract o	IM22.7.3	Describe the treatment of the patient with hypokalemia.
M22.8	Enumerate the causes and describe the	IM22.8.1	Enumerate the causes

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	clinical and laboratory features and the correct approach to the		and describe the clinical features of
V TOTAL CONTRO	diagnosis and management of the patient with	IM22.8.2	hyperkalemia. Describe the laboratory
	hyperkalemia.	114122,0.2	features and the correct approach to the diagnosis of hyperkalemia.
		IM22.8.3	Describe the treatment of the patient with hypokalemia
IM22.9	Enumerate the causes and describe the clinical and laboratory features of metabolic acidosis.	IM22.9.1	Describe the physiology of metabolic acidosis
		IM22.9.2	Enumerate the causes and describe the clinical features of metabolic acidosis.
		IM22.9.3	Describe the laboratory features of metabolic acidosis
IM22.10	Enumerate the couses of describe the clinical and laboratory features of metabolic alkalosis	IM22.10.1	Describe of physiology of metabolic alkalosis.
		IM22.10.2	Enumerate the causes and describe the clinical features of metabolic alkalosis.
		IM22.10.3	Describe the laboratory features of metabolic alkalosis.
IM22.11	Enumerate the causes and describe the clinical and laboratory features of respiratory acidosis	IM22.11.1	Describe the physiology of respiratory acidosis
		IM22.11.2	Enumerate the causes and describe the clinical features of respiratory acidosis.
		IM22.11.3	Describes the laboratory features of respiratory acidosis.

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IM22.12	Enumerate the causes and describe the clinical and laboratory features of respiratory alkalosis	IM22.12.1	Describe the physiology of respiratory alkalosis.
		IM22.12.2	Enumerate the causes and describe the clinical features of respiratory alkalosis.
THE COMPANY OF THE PROPERTY OF		IM22.12.3	Describe the laboratory features of respiratory alkalosis.
IM22.13	Identify the underlying acid base disorder based on an ABG report and clinical situation	IM22.13.1	Describe the physiology of acid base gas analysis.
		IM22.13.2	Identify the underlying acid-based on an ABG report.
		IM22.13.3	Describe different clinical situation in ABG.

23 Nutritional and Vitamin Deficiencies

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4	Competency The student should be able to		SLOs
IM 23.1	Discuss and describe the methods of nutritional assessment in an adult and	IM 23.1.1	Discuss essential nutrient requirements and
Sign of the second seco	calculation of caloric requirements during illnesses		dietary reference intake.
Amazo populario accioni se accion		IM 23.1.2	Discuss nutritional status assessment in adults.

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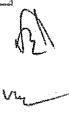
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		IM 23.1.3	Describe factors altering nutritional needs.
		IM 23.1,4	List and describe methods of calculation of calorie requirement in critical illness.
IM 23.2	Discuss and describe the causes and	IM 23.2.1	Describe nutritional
	consequences of protein caloric		physiology.
- The state of the	mainutrition in the hospital	IM 23.2.2	Describe protein energy malnutrition and its variants.
eddyd canadas canadas canadas con canadas		IM 23.2.3	Describe the diagnosis of protein energy malnutrition in hospitals.
		IM 23.2.4	Discuss the clinical manifestation and complication of PEM in hospitals.
IM 23.3	Discuss and describe the aetiology, causes, clinical manifestations,	IM 23.3.1	Enumerate common vitamin deficiencies.
	complications, diagnosis and management of common vitamin deficiencies	IM 23.3.2	Describe the causes and etiologies of common vitamin deficiencies.
gama-pilitaka-ka		IM 23.3.3	Describe the clinical manifestation of common vitamin
			deficiencies.
massim of human de decidado de MAS		IM 23.3.4	Discuss the complication of common vitamin deficiency.
- The second of a metallicity of the second		IM 23.3.5	Discuss the diagnostic modalities of common vitamin deficiencies.
endialistic for the first production of the first prod	y	IM 23.3.6	Describe the treatment of common vitamin deficiencies.
IM 23.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients	IM 23.4.1	Define specialized nutritional support.
Vacant specific in the state of		IM 23.4.2	Enumerate the indication, provision and selection of enteral nutrition in critically ill
F	₹	L	. 1

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			patients.
ere were ere er er er er er er er er er er er		IM 23.4.3	Enumerate the Indication, provision and selection of parenteral nutrition in critically ill patients.
IM 23.5	Counsel and communicate to patients in a simulated environment with illness on an appropriate balanced diet	IM 23.5.1	Discuss diet counselling in health and disease and simulate patient counselling about balanced diet in various disease conditions
The state of the s		IM 23.5.2	Communicate to patients In a simulated environment with illness on an appropriate balanced diet

24 Geriatrics

. 12	Competency The student should be able to		SLOs
IM24.1	Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation, and course of common	IM24.1.1	Describe and discuss 3efinition and classification of elderly
Majorasidoteamado	diseases in the elderly	IM24.1.2	Describe and discuss epidemiology of
			common disease in elderly
		IM24.1.3	Describe and discuss common diseases in

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			elderly pathogenesis, clinical presentation and course)
IM24.2	Perform multidimensional geriatric assessment that includes medical,	IM24.2.1	Perform clinical assessment of elderly
	psycho-social, and functional components	IM24.2.2	Perform functional assessment of elderly/assessment of frailty
		IM24.2.3	Perform psychological assessment of elderly
		IM24.2.4	Perform social assessment of elderly
IM24.3	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute	IM24.3.1	Describe and discuss acute confusional states in elderly population
Manage (Anama)	care, stabilization, management, and rehabilitation of acute confusional states	IM24.3.2	Oescribe and discuss causes, etiopathogenesis and presentation and functional events of acute confusional states
	NAME AND PROPERTY	IM24.3.3	in elderly Describe and discuss emergency management of acute confusional state
Production of the control of the con	Terrorier and terrories register to the control of	IM24.3.4	Describe and discuss rehabilitation / long term management of elderly with acute confusional state
IM24.4	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute	IM24.4.1	Describe and discuss vascular events in elderly population
remarka da Aramat (Aramat are, stabilization, management and rehabilitation of vascular events in the elderly	IM24.4	Describe and discuss causes, etiopathogenesis and presentation, functional alteration of vascular events in elderly	
	egipha societi responsationamento respons	IM24.4	Describe and discuss emergency /Acute management of Vascular event in elderly
		IM24.4	Describe and discuss stabilization, rehabilitation / long term management of elderly

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			with vascular events
IM24.5	Describe and discuss the	IM24.5.1	Describe and discuss
	aetiopathogenesis clinical presentation	_	causes of depression in
	Identification, functional changes, acute		elderly
	care, stabilization, management, and	IM24.5.2	Describe and discuss
	rehabilitation of depression in the elderly		clinical presentation of
		•	depression in elderly and
	•		functional changes
		IM24.5.3	Discuss identification of
		110124.3.3	■ The second of the secon
* - :			reversible causes of
			depression elderly
		IM24.5.4	Describe and discuss
			acute care and
		-:	management of
			depression in elderly
		IM24.5.5	Describe and discuss
		and the state of t	rehabilitation of
			depression in elderly
IM24.6	Describe and discuss the	IM24.6.1	Describe and discuss
	aetiopathogenesis causes, clinical	100	causes of dementia in
	presentation, difference in discussion		elderly
	presentation identification, functional	IM24.6.2	Describe and discuss
	changes, acute care, stabilization,	11414-4-0.2	clinical presentation of
	management and rehabilitation of		
	dementia in the elderly	:	dementia in elderly and
	ucinentia in the electry		functional changes
		IM24.6.3	Discuss identification of
			reversible causes of
	The state of the s	·	dementia in elderly
		IM24.6.4	Describe and discuss
			acute care and
- 1			management of
			dementia in elderly
		IM24.6.5	5.Rehabilitation of
			dementia in elderly
IM24.7	Describe and discuss the	IM24.7.1	Describe and discuss
	aetiopathogenesis, clinical presentation,		causes of personality
	identification, functional changes, acute		changes in elderly
	care, stabilization, management, and	IM24.7.2	Describe and discuss
	rehabilitation of personality changes in	**************************************	clinical presentation of
	the elderly	i	personality changes in
	THE THE WARREST W		
	5000 State of the		elderly and functional
	90 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		changes
	***************************************	IM24.7.3	Discuss identification of
	A Advantage of the Control of the Co		reversible causes of
			personality changes a in
			elderly

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		IM24.7.4	Describe and discuss acute care and management of personality changes in elderly
		IM24.7.5	Describe and discuss rehabilitation of in personality changes in elderly
IM24.8	Describe and discuss the	IM24.8.1	
	aetiopathogenesis, clinical presentation,		Describe and discuss
	Identification, functional changes, acute		causes and risk factors of
	care, stabilization, management, and		in osteoporosis elderly
	rehabilitation of osteoporosis in the	IM24.8.2	
	elderly		Describe and discuss
			clinical presentation of
			osteoporosis in elderly
		1	and functional changes
		IM24.8.3	Describe and discuss
			immediate care,
	COMPANIE AND		stabilization and long-
1	Charles Control Contro		term management of
			osteoporosis in elderly
		IM24.8.4	Describe and discuss
		9	rehabilitation of elderly
		and the second s	with osteoporosis
IM24.9	Describe and discuss the	IM24.9.1	Describe and discuss
	actiopathogenesis, clinical presentation,		causes and risk factors of
	identification, functional changes, acute		CVA in elderly
	care, stabilization, management, and	IM24.9.2	Describe and discuss
	rehabilitation of CVA in the elderly		clinical presentation of
		-	CVA in elderly and
gen in the second state of			functional changes
		IM24.9.3	Describe and discuss
200			acute care, stabilization,
	·	A. Common of Management of Man	and management of CVA
* managed by the second of the	- And Andrews		in elderly
Service Control of th	STEEL STEEL	IM24.9.4	Describe and discuss
L.	·	rest representation of the second sec	rehabilitation of elderly
			with CVA
IM24.10	Describe and discuss the	IM24.10.1	Describe and discuss
	aetiopathogenesis, clinical presentation,	***************************************	causes /pathogenesis of
	identification, functional changes, acute		COPD in elderly
	care, stabilization, management, and	IM24.10.2	Describe and discuss
***	rehabilitation of COPD in the elderly	THE PERSON AND THE PE	clinical presentation of
		alkidos veses	COPD in elderly and
U: (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u> L</u>	functional changes

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		IM24.10.3	Discuss identification of reversible/ treatable causes of COPD in elderly such as risk factors for exacerbation
		IM24.10.4	Describe and discuss acute care, stabilization and management of in elderly with COPD
		IM24.10.5	Describe and discuss rehabilitation of elderly with COPD and prevention of exacerbations and complications
IM24.11	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute	IM24.11.1	Describe and discuss common causes of surgery in elderly
	care, stabilization, management and rehabilitation of the elderly undergoing surgery	IM24.11.2	Describe and discuss clinical presentation of common causes of surgery elderly and functional changes
		IM24,11.3	Describe and discuss acute care, stabilization, and management of in elderly undergoing surgery
	When the Addition and Addition	IM24.11.4	Describe and discuss rehabilitation of elderly undergoing surgery
IW24.12	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management, and	IM24.12.1	Describe and discuss aetiopathogenesis of degenerative joint disease in elderly
	rehabilitation of degenerative joint disease	IM24.12.2	Describe and discuss clinical presentation of degenerative joint disease in elderly and
	The state of the s	IM24.12.3	functional changes Describe and discuss identification of preventable causes of degenerative joint
	IN COLOR WAS A SALE AND A SALE AN		disease in elderly

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		IM24.12.4	Describe and discuss
	,		acute care, stabilization,
			and management of
			degenerative joint
1			disease in elderly
		IM24.12.5	Describe and discuss
		11710. 11.2.20/15	rehabilitation of
			degenerative joint
			disease in elderly
			Describe and discuss
IM24.13	Describe and discuss the	IM24.13.1	
*	aetiopathogenesis, clinical presentation,		causes of falls in elderly
	identification, functional changes, acute	IM24.13.2	Describe and discuss
	care, stabilization, management, and		clinical
W. country	rehabilitation of falls in the elderly	***	presentation/outcomes
******			of falls in elderly and
			functional changes
		IM24.13.3	Discuss identification of
		-	risk factors for falls in in
			elderly
		IM24.13.4	Describe and discuss
Jonath		11444-11751.1	acute care, stabilization,
man-			and management of falls
-			in elderly
·		IM24.13.5	Describe and discuss
b. properties		114154.12.2	rehabilitation of in
ANALY COLO			
		11111111111111	elderly after falls Describe and discuss
IM24.14	Describe and discuss the	IM24.14.1	
· ·	aetiopathogenesis, clinical presentation,		common fractures in
	identification, functional changes, acute	- interesting	elderly
	care, stabilization, management and		autuur ee
****	rehabilitation of common fractures in the		
The state of the s	elderiy		
		IM24.14.1	Describe and discuss
			clinical presentation of
*********			Common fractures in
nii waa			elderly and functional
Wareness .			changes
400		IM24.14.2	Describe and discuss
			identification of factors
			preventing fractures in
	A Parameter Control of the Control o		elderly
	Company of the Compan	IM24.14.3	Describe and discuss
		1	acute care, stabilization,
			and management of
			elderly with fractures
	XX	IM24.14.4	Describe and discuss
		IIVIZH.IM,4	rehabilitation of in
1			Tenadination of In

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***************************************		T	elderly with fractures
IM24.15	Describe and discuss the	IM24.15.1	Describe and discuss
	aetiopathogenesis, clinical presentation,	1	causes of in visual loss in
	identification, functional changes, acute		the elderly
	care, stabilization, management and	IM24.15.2	
	rehabilitation of vision and visual loss in		clinical presentation of
	the elderly		visual loss in the elderly
		13.43.8.45.3	and functional changes
i,	www.	IM24.15.3	Describe and discuss
			identification of
			reversible causes of
			visual loss in elderly
		IM24.15.4	Describe and discuss
		- Marie	acute care, stabilization
			and management of
	***************************************		visual loss in the elderly
	The state of the s	IM24.15.5	Describe and discuss
		open with the same of the same	rehabilitation of vision
	•	30.00	and visual loss in the
	THE CONTRACTOR OF THE CONTRACT		elderly
M24.16	Describe and discuss the principles of	IM24.16.1	Describe and discuss
	physical and social rehabilitation,	11415-4-10-1	Bit is the structure of
	functional assessment, role of	·	basic principles of
			functional assessment in
	physiotherapy and occupational therapy		elderly.
	In the management of disability in the	IM24.16.2	Describe and discuss
	elderly	Market and American	principals of social and
		eas on order	ohysical rehabilitation of
			elderly
		IM24.16.3	Describe and discuss
		ng a dament a	concept of fragility and
	The state of the s		aging
The section of	Territoria de la companiona della companiona della companiona della companiona della compan	IM24.16.4	Describe and discuss role
			of physiotherapy and
- Constant		See AV Avenue	occupational therapy in
	a manadawa	YAYONG	elderly
M24:17	Describe and discuss the	IM24.17.1	Describe and discuss
	actiopathogenesis, clinical presentation,	THE PARTY OF THE P	causes and pathogenesis
	Identification, functional changes, acute	CONTRACTOR CONTRACTOR	of hearing loss in the
	care, stabilization, management and	enhalmer:	elderly in
	rehabilitation of hearing loss in the	IM24.17.2	Describe and discuss
	elderly	114164.71.	the second control of the second control of
	surverus e A	and and a second	clinical presentation of
4 4		annual accountry.	hearing loss in the
		W 40 W 40 W 40 W 40 W 40 W 40 W 40 W 40	elderly and functional
3 1. 1			changes
		1 1 4 4 CO 0 4 4 4 4 W	Discuss identification of
VANCOUNTERE		IM24.17.3	the contract of the contract o
aminomorphic dans and Am		IM24.17.3	reversible causes of

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		1	elderly
		IM24.17.4	Describe and discuss acute care, stabilization
		The Parameter Control of the Control	and management of hearing loss in the
		IM24.17.5	Describe and discuss rehabilitation of hearing
IM24.18	Describe the impact of the demographic changes in ageing on the population	IM24.18.1	loss in the elderly Describe the impact of the demographic changes in ageing on the
			population
IM24.19	Enumerate and describe the social problems in the elderly including isolation, abuse, change in family structure and their impact on health.	IM24.19.1	Enumerate social problems in the elderly including isolation, abuse, change in family structure and their impact on health.
	inoversionane Computer Connectication of the	IM24.19.2	Describe social problems in the elderly including isolation, abuse, change in family structure and their impact on health.
IM24.20	Enumerate and describe social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions	IM24,20.1	Enumerate social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions
	LEADING CONTRACTOR OF THE WASHINGTON AND AND AND AND AND AND AND AND AND AN	IM24.20.2	Describe social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions
IM24.21	Enumerate and describe ethical issues in the care of the elderly	IM24.21.1	Enumerate and describe ethical issues concerning care of elderly
		IM24.21.2 IM24.21.3	Discuss end of life care Enumerate and describe
	•	1 (IVI/4 / 1.3	a commence with the still

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IMZ4.22	Describe and discuss the aetiopathogenesis, clinical presentation,	IM24,22.1	medicolegal aspects and laws of our countries and others Describe and discuss causes of nutritional
No. of the state o	complications, assessment, and management of nutritional disorders in the elderly	IM24.22.2	disorders in elderly Discuss pathogenesis of nutritional disorders in elderly
		IM24.22.3	Describe and discuss clinical presentation of nutritional disorders in elderly and related complications
		IM24.22.4	Describe and discuss diagnosis and assessment of nutritional disorders in elderly
		IM24.22.5	Describe and discuss management and rehabilitation of elderly with nutritional disorders

25 Miscellaneous Infections

TORIC TORY TO A Community	Competency The student should be able to		SLOs
IM25.1	Describe and discuss the response and Influence of host Immune status, risk factors and comorbidities on zoonotic diseases (e.g. Leptospirosis, Rabies) ar non-febrile infectious disease (e.g. Tetanus)		What is the response and influence of host immunity on zoonotic diseases (e.g. leptospirosis, Rabies)?
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	IM25.1.2	Enumerate the various risk factors for zoonotic diseases
A CONTROL OF THE CONT		IM25.1.3	Response and influence of host immunity in a patient with comorbidities in zoonotic diseases
		IM25.1,4	What is the response and influence of host immunity on non-febrile

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			infectious disease (e.g. tetanus)?
		IM25.1.5	What are the risk factors for non-febrile infectious diseases?
ani-ani-ani-ani-ani-ani-ani-ani-ani-ani-		IM25.1.6	Response and influence of host immunity in a patient with comorbidities in non-
<u>:</u>		ellere, descriptions descriptio	febrile infectious diseases
IM25.2	Discuss and describe the common causes, pathophysiology and manifestations of these diseases	IM25.2.1	What are the common causative agents of zoonotic andnon-febrile infectious diseases?
		IM25.2.2	Describe the pathophysiology of zoonotic diseases
		IM25.2.3	Describe the pathophysiology of nonfebrile infectious diseases
halfall of phonestry year-order Management management	The state of the s	IM25.2.4	Describe the clinical manifestation and complications of zoonotic diseases
-	The distribution is a management of the second of the seco	IM25.2.5	Describe the clinical manifestation and complications of non-febrile infectious diseases
iM25.3	Describe and discuss the pathophysiology and manifestations of these diseases	1M25.3.1	Describe the pathophysiology of zoonotic diseases
300 (44) (45) (47)	The second secon	IM25.3.2	Whatare the clinical manifestations of zoonotic diseases?
	And the second s	IM25.3.3	Describe the pathophysiology of non-febrile infectious diseases
6.48.48.48.00.48.00.000.00.000.000.000.00		IM25.3.4	Whatis the clinical manifestation of non-febrile infectious diseases?
IM25.4	Elicit document and present a medical history that helps delineate the aetiology	IM25.4.1	Elicit and document detailed medical history

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel		of the patient including demographic profile, symptoms, clinical course of the disease, past history and travel history.
		IM25.4.2	Enumerate common causes of zoonotic diseases and their route of infection
A TOTAL TO JUST ALL EXAMPLES OF THE TOTAL TO JUST AND A STREET OF THE TOTA		IM25.4.3	How to differentiate zoonotic and non-febrile infectious diseases from other common infections from history?
		IM25.4.4	Enumerate infections associated with travel
		IM25,4.5	Enumerate common infections associated with occupation
		IM25.4.6	What are the risk factors for zoonotic and non- febrile infectious diseases?
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)	IM25.5.1	Perform general physical examination including skin, hair, mucosa, nall and hygiene
	The state of the s	IM25.5.2	Demonstrate and record vitals of the patient and assess severity of the patient based on vitals
		IM25.5.3	Demonstrate how to perform systemic examination of chest
]	examination of chest
		IM25.5.4	Demonstrate how to perform systemic examination of abdomen
IM25.6	Generate a differential diagnosis and	IM25.5.4	Demonstrate how to perform systemic

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	rheumatologic causes	· ·	and rheumatologic
	Theomasorogic causes	on and and and and and and and and and an	diseases?
<u></u>		IM25.6.2	Enumerate differential
		110125.0.2	1
			diagnosis and priorities
			according to clinical
		1	features of the patient
IM25.7	Order and interpret diagnostic tests	IM25.7.1	Enumerate the relevant
	based on the differential diagnosis		blood investigations
	including: CBC with differential, blood		based on differential
	biochemistry, peripheral smear, urinary	romano in	diagnosis
	analysis with sediment, Chest X ray,		:
	blood and urine cultures, sputum gram	-	
	stain and cultures, sputum AFB and	K * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 *	
	cultures, CSF analysis, pleural and body	***	
	fluid analysis, stool routine and culture	2000	
m to	and QBC		
		JM25.7.2	How will you interpret
			these blood
			investigations like
. :			CBC,peripheral smear
:			etc.?
		IM25.7.3	What other Radiological
		114123,7,0	investigations are
			required and how they
			can be useful in making a
:	•	ariboca	diagnosis
		INATE TA	Enumerate other
		IM25.7.4	
		santos estas a	microbiological
			investigations required
BOOKER BOOKER BOOKER BOOKER			in for diagnosis
	•	IM25.7.5	What are the body fluid
:			analysis investigations
		Warman waren	and how are they useful
	9		in making a particular
			diagnosis?
INI25.8	Enumerate the indications for use of	IM25.8.1	What are the newer
	newer techniques in the diagnosis of		methods or
	these infections		investigations for
			diagnosis of these
	, ¥		infections?
P 34 H		IM25.8.2	Enumerate the
		March all and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and	indications for these
		The state of the s	newer investigations
IM25.9	Assist in the collection of blood and other	IM25.9.1	Explain the steps for
11416417 1	specimen culture	15595. 401. 47. 40	taking a venous blood
:	shanitan entri a		1
and a second second second second		<u> Linnania iri</u>	<u>{ sample</u>

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		IM25.9.2	What types of vials are used for different type
		IM25.9.3	samples? How will you label a blood sample?
		IM25.9.4	How will you discard a used needle/syringe?
The second secon		IM25.9.5	What instructions will you give to the patient for obtaining urine culture specimen?
IM25.10	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner	IM25.10.1	Prepare a diagnostic plan to reach a most likely diagnosis including routine and specific investigation
		IM25.10.2	Prioritised your investigation in order of preference and in a cost effective manner
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	According to the Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration and Administration	IM25,10.3	What are the Indications for invasive and costly investigations?
IM25.11	Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis	IM25.11.1	What is the rationale of an empiric treatment?
		IM25.11.2	What clinical and immune status parameters you will take into consideration before forming an empirical treatment plan?
		IM25.11.3	What empirical treatment plan you will develop till the time a definitive diagnosis is made?
A THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE		IM25.11.4	How will you monitor a patient on empirical treatment?
IM25.12	Communicate to the patient and family the diagnosis and treatment of identified infection	IM25.12.1	Counsel the patient and family about identified infection
		IM25.12	Counsel the patient and family about severity of

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			the disease
		IM25.12.3	Communicate the treatment plan for the identified infection, its cost, duration and other possible treatment available
		IM25.12.4	Counsel the family about the prognosis of identified infection
IM25.13	Counsel the patient and family on prevention of various infections due to environmental issues	IM25.13.1	Educate the family and patient about the infections associated with environmental issues
		IM25,13.2	Counsel the patient and family about the risk factors
		IM25.13.3	Counsel the patient and family about the need of prevention of these infections
enter a construction of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the se		IM25.13.4	Counsel patient and family on prevent these infections

# 26 Role of Physician in Community

-	COMPETENCY The student should be able to		SLOs
IW26.1	Enumerate and describe professional qualities and roles of a physician	IM26.1.1	Enumerate professional qualities of a physician
		IM26.1.2	Enumerate the roles of a physician
		IM26.1.3	Describe roles of the a physician
		IM26.1.4	Discuss qualities of a physician
IM26.2	Describe and discuss the commitment to lifelong learning as an important part of physician growth	IM26.2.1	Define lifelong learner
·		IM26.2.2	Discuss how a physician is a lifelong learner
		IM26.2.3	Describe how lifelong learning plays an important part in physicians growth

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IM26.3	Describe and discuss the role of non-	IM26.3.1	Enumerate the principle:
	maleficence as a guiding principle in patient care		of patient care
		IM26.3,2	Define Non maleficence
200		IM26.3.3	Enlist few examples of
		·	non-maleficence
i i		IM26.3,4	Discuss the role of non-
			maleficence as a guiding
			principle in patient care
IM26.4	Describe and discuss the role of	IM26.4.1	Enumerate the principle
	autonomy and shared responsibility as a		of patient care
	guiding principle in patient care		
		IM26.4.2	Define Autonomy
		IM26.4.3	Enlist few examples of
			autonomy
	**************************************	IM25.4.4	Discuss the role of
		denotation to the second	autonomy as a guiding
			principle in patient care
IM26.5	Describe and discuss the role of	IM26.5.1	Enumerate the principles
	beneficence of a guiding principle in		of patient care
	patient care	in il Albana	
***************************************		IM26.5.2	Define Beneficence
		IM26.5.3	Enlist few examples of
		·	beneficence
	:	IM26.5.4	Discuss the role of
		NO.	beneficence as a guiding
			principle in patient care
IM26.6	Describe and discuss the role of a	IM26,6,1	Enumerate the roles of a
	physician in health care system		physician
		IM26.6.2	Describe roles of the a
			physician in health care
			system
IM26.7	Describe and discuss the role of justice as	IM26.7.1	Enumerate the principles
	a guiding principle in patient care		of patient care
		IM26.7.2	Define Justice
		IM26.7.3	Enlist few examples of
			Justice
		IM25.7.4	Discuss the role of
		Estate and	Justice as a guiding
		I.	principle in patient care
IM26.8	Identify discuss medicolegal,	IM26.8.1	List medicolegal issues in
	socioeconomic and ethical issues as it		relation to organ
	pertains to organ donation		donation
	22-27	IM26.8.2	Enumerate socio
			economic issues related
			to organ donation

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		· LLISH HALLMAN AND AND AND AND AND AND AND AND AND A	
		IM26.8.1	Enlist Ethical issues
	·	-	related to organ
		19425 0 2	donation  Describe Medicolegal
	i :	IM26.8.2	issues related to organ
			donation
		IM26.8.3	Discuss Ethical and
		11412.0.0.5	socioeconomic issues
			related to organ
			donation
IM26.9	Identify, discuss and defend medicolegal,	IM26.9.1	Define rights, equity and
	sociocultural, economic and ethical issues	***************************************	justice in access to
	as it pertains to rights, equity and justice		health care
	in access to health care		
		IM26.9.2	Enumerate medicolegal,
		PR. 7000000	sociocultural, economic
		A APPENDING	and ethical issues related to rights, equity
	•	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	and justice in access to
	<u> </u>	Anna Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic Paragraphic P	health care
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		ENVIE GIVIE	sociocultural, economic
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			related to rights, equity
			and justice in access to
		<u> </u>	health care
		IM26.9.3	Defend medicolegal,
-,			sociocultural, economic
		**	and ethical issues
		<u> </u>	related to rights, equity and justice in access to
			health care
IM26.10	Identify, discuss and defend medicolegal,	IM26.10.1	Define confidentiality in
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	pertains to confidentiality in patient care		
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		IM26.10.3	Discuss Medicolegal,
			socio-cultural and ethical
			issues pertaining to confidentiality in patient
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page quantum common common consequence		IM26.10.4	Defend Medicolegal,
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10.40.4.4.4		-	issues pertaining to confidentiality in patien care
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	IM26.11.1	Define Autonomy
		IM26.11.2	List patients' rights and shared responsibilities in health care
		IM25.11.3	Describe medicolegal, socio-cultural and ethica issues pertaining to patient autonomy.
		IM26.11.4	Discuss Medicolegal, socio-cultural and ethica issues pertaining to patient rights and shared responsibility in health care
M26.12	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	IM26.12.1	Define Advanced directives
		IM26.12.1	Define surrogate decision making
anemproproproproproproproproproproproproprop		IM26.12.2	List medicolegal, socio- cultural and ethical issues Pertaining to decision making in health care
		IM26.12.3	Discuss medicolegal, socio-cultural and ethica issues Pertaining to decision making in health care
M26.13	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	IM26.13.1	Define Consent
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			capacity to give consent
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			research in human
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IM26.15	Identify, discuss and defend,	IM26.15.1	Define Informed conse
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		MVIZO.13.4	pertaining to consent for
			surgical procedures
		10.070.454	identify, discuss and
IM26.16	Identify, discuss and defend medicologal,	IM26.16.1	
1	socio-cultural, professional and ethical	Page	defend medicolegal
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	issues as it pertains to the physician patient relationship (including fiduciary	IM26.16.2	the physician patient relationship Identify, discuss and defend socio-cultural
	issues as it pertains to the physician patient relationship (including fiduciary	IM26.16.2	the physician patient relationship Identify, discuss and defend socio-cultural issues as it pertains to
was de spin man a se a de la ca	issues as it pertains to the physician patient relationship (including fiduciary	IM26.16.2	the physician patient relationship ldentify, discuss and defend socio-cultural issues as it pertains to the physician patient
	issues as it pertains to the physician patient relationship (including fiduciary	IM26.16.2	the physician patient relationship ldentify, discuss and defend socio-cultural issues as it pertains to

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and the second	**************************************		defend ethical issues as
			It pertains to the
			physician patient
		11135.45.4	relationship
:		IM26.16.4	Identify, discuss and
3		-	defend professional
		***************************************	issues as it pertains to
×			the physician patient
IM26.17	Identify, discuss physician's role and	IM26.17.1	relationship
HAITO'T	responsibility to society and the	INIZO.17.1	Identify physician's role
	community that she/ he serves		towards society and
· · · · · · · · · · · · · · · · · · ·	Community that she's he serves	IM26.17,2	community
		INIZO.17.Z	List responsibilities of a
			physician to society and
	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	I IM26.17.3	community
		11V1ZD.17.3	Discuss physician's role in society and
IM26.18	Identify, discuss and defend medicologal,	IM26.18.1	community   What do you understand
######################################	socio-cultural, professional and ethical	IIAISO'TO'T	by "Physician-Industry
	issues in physicien- industry relationships		relationship"?
***************************************	issues in budarious, monstra securionalish?	M26.18.2	Discuss the medicolegal
	arran .	IWIZU.10.Z	aspects of physician-
			industry relationship
			with appropriate
;	William I	***************************************	examples
		IM26.18.3	How does the industry
à		114150.20.0	influence the
		www.	professionalism of a
		raman	physician?
ernomene ernoment des les comme		IM26.18.4	Discuss the socio-
1		, WILO.LU.	cultural trend affecting
		VACCONTRACTOR AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADD	the physician-industry
		1.41.1	relationship
M26.19	Demonstrate ability to work in a team of	IM26.19.1	Demonstrate ability of
	peers and superiors		consulting your senior
			regarding management
			of a complicated case
		-IM26.19.2	Demonstrate ability to
20		NAME OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES O	work as a team leader in
			an emergency situation
		IM26.19.3	Demonstrate ability of
		A THE STREET	assisting your senior for
		2011	an invasive bedside /
			emergency procedure
	l de la la la la la la la la la la la la la	. ·	1. William William A. Place Property Principles
IM26.20	Demonstrate ability to communicate to	IM26.20.1	Demonstrate the ability

***			patient recently
	threatening, non-judgemental and		diagnosed with an
	empathetic manner		incurable disease
		13437 35 3	Demonstrate the ability
		IM26.20.2	to communicate with a
·.			patient of PLHA who has
			· ·
			been working as a CSW  Demonstrate the ability
IM26.21	Demonstrate respect to patient privacy	IM26.21.1	of attending a female
			patient in outpatient
			department
4444444	* ***	IM26.22.1	Demonstrate the ability
IM26.22	Demonstrate ability to maintain	IIVIZO.ZZ.I	to attend a case of
	confidentiality in patient care		recently diagnosed STD /
			• • • • • • • • • • • • • • • • • • • •
		18426222	Leprosy patient  Demonstrate the ability
		IM26.22.2	to care for an HIV
	•		patient who is
			accompanied by her
			mother-in-law
<del></del>	Andrew Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	IM26.22.3	Demonstrate the ability
	·	11V#ZO.ZZ.5	to care for a patient with
			history of suicidal
			attempt
IM26.23	Demonstrate a commitment to continued	IM26.23.1	Enumerate the methods
IIAIYO'YR	learning	11716346344	of continued learning
	2555 544 0 0 1 6 ES		and demonstrate the
			role of being a perpetual
	•		student with examples
IM26.24	Demonstrate respect in relationship with	IM26.24.1	Demonstrate the ability
2583845316477	patients, fellow team members,	-,,,-,	to attend an illiterate
	superiors and other health care workers		patient portraying
	- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont		respect in the
		221	conversation
IM26.25	Demonstrate responsibility and work	IM26.25.1	Demonstrate a clinical
* * * * * * * * * * * * * * * * * * *	ethics while working in the health care	sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sales and the sa	case scenario displaying
	team		the act of responsibility
		Academia	while working in a
- 1.5 A - 4 - 1.5			healthcare team
haraman and anomalist state	CONTROL OF A DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH	IM26.25.2	Demonstrate a clinical
		-	case scenario that
		<b>S</b>	represents various sides
Transport			of work ethics among
			the health care team
		1.0	members
IM26.26	Demonstrate ability to maintain required	IM26.26.1	Demonstrate the ability
	documentation in health care (including		of making a case file of a
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The Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of the Act of		IM26.26.2	Demonstrate the process of referring a patient to a higher centre
IM26.27	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities	IM26.27.1	Demonstrate the components of personal grooming and hygiene to be provided from the end of health care providers
		IM26.27.2	Demonstrate the components of aseptic precautions to be taken care of during invasive procedures
IM26.28	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning	IM26.28.1	Demonstrate the ability to use telemedicine
700000		IM26.28.2	Demonstrate the ability to use Medical databases to search content for recent advances in a given topic
IM26,29	Communicate diagnostic and therapeutic options to patient and family in a simulated environment	IM25.29.1	Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of ischemic cardiomyopathy
		IM26.29.1	Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of malignancy
		IM26.29.2	Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of autoimmune disease
IM26.30	Communicate care options to patient and family with a terminal illness in a simulated environment	IM26.30.1	Demonstrate the ability to break a bad news (terminal illness) to a patient/ family

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et i	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O		to break a communicate
	**************************************		care options in terminal
			Illness to patient/ family
IM26.31	Demonstrate awareness of limitations	IM26.31.1	Demonstrate the ability
15	and seeks help and consultations		to consult and seek help
	appropriately		from a superior
1.			colleague for a difficult
		IM26.31.2	Case Demonstrate the ability
		110120.31.2	to consult and seek help
			from another
			department
IM26.32	Demonstrate appropriate respect to	IM26.32.1	Demonstrate the ability
117100371978	colleagues in the profession		to deal with professional
	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		envy
		IM26.32.2	Demonstrate the ability
. :			to deal with healthcare
			concerns of a colleague
IM26.33	Demonstrate an understanding of the	IM26.33.1	Demonstrate the ability
	implications and the appropriate	790 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion 100 milion	to discuss errors with
,	procedures and response to be followed	PALL PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRES	colleagues/ superiors
	in the event of medical errors	na-ov-wood	and identify possible
<del></del>			rectifications
		IM26.33.2	Demonstrate the ability
			to explain errors to patient/ relatives
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		IM25.33.3	Demonstrate the ability
		HYLEGIJJIJ	to report errors and
		nave and a second	handle court cases
IM26.34	Identify conflicts of interest in patient	IM.26.34.1	Discuss and identify
*********	care and professional	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	conflict of interest in
·•	South to talk I and good has to have been a south	evening .	patient care and
	relationships and describe the correct	welge-book	professional
	response to these conflicts	physiologist	relationship.
	-	Consideration .	i ciorminih
		IM.26.34.2	Identify conflict of
			interest in patient care
	· Carana		and professional
			relationship.
			i a latinii liipi
		IM.26.34.3	Describe correct
f		an sawet men	response to these
	MANAGEMENT AND AND AND AND AND AND AND AND AND AND	We will be a second	conflicts.
	Name of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		
IM26.35	Demonstrate empathy in patient	IM.26.35.1	Discuss empathy
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	encounters		towards patients.
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	IM.26.35.2	Demonstrate empathy ir patient encounter in rea life scenarios like breaking bad news using role play.
IM26.36	Demonstrate ability to balance personal	IM.26.36.1	Discuss balance betweer
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	and professional priorities	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	personal life and professional priorities.
<u> </u>		IM.26.36.2	Demonstrate ability to
		The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	balance personal and professional priorities through panel discussion/role play
IM26.37	Demonstrate ability to manage time	IM.26.37.1	Discuss importance of
	appropriately	e entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entre entr	time management
		IM.26.37.2	Demonstrate ability to manage time through skit/role play.
IM26.38	Demonstrate ability to form and function	IM.26.38.1	Discuss the importance
	in appropriate professional networks		of professional network
		IM.26.38.2	Demonstrate ability to form and function in appropriate professional network through skit/mock seminars
IM26.39	Demonstrate ability to pursue and seek	IM.26.39.1	Demonstrate ability to
AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T	career advancement		pursue and seek career advancement
IM26.40	Demonstrate ability to follow risk	IM.26.40.1	Discuss risk managemen
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	management and medical error reduction practices where appropriate.	No.	and medical error.
~~~~		IM.26.40.2	Demonstrate risk

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	N. mermany	a rather than the reserve was about the second	
**************************************			through role play.
IM26.41 D	lemonstrate ability to work in a	IM.26.	Discuss importance of
. !	nentoring relationship with junior	41.1	mentoring in medical
3	olleagues		practice
	oneagues .	·	
		IM.26,41.2	Demonstrate mentoring
			relationship with junior
			colleague through skit.
1	lemonstrate commitment to learning	IM.26.42.1	Discuss commitment to
a	nd scholarship		learn
	243242222222222222222222222222222222222	IM.26.42.2	Disuses scholarships
		1441.20.42.2	available for medical
			students.
*			aranatis.
	100 January 100 Ja	IM.26.42.3	Demonstrate role of
			scholarship through a
			short seminar.
		The state of the s	agaspeganogy, - 4
		IM.26.42.4	Demonstrate
			commitment to learning
			via skit
		IM.26.43.1	Identify medicolegal,
	dentify, discuss, and defend	1(VI.ZU.43.1	sociocultural, and ethical
3	nedicolegal, sociocultural, economic and		issues pertaining to
1	thical issues as they pertain to in vitro	-	donor insemination and
1	ertilization donor insemination and		surrogate motherhood.
S	urrogate motherhood		StittoBars mornemon.
		IM.26.43.2	Discuss medicolegal,
***************************************			sociocultural, and ethical
- ara			issues pertaining to
		and the second	donor insemination and
			surrogate motherhood
		IM.26.43.3	Defend medicolegal,
			sociocultural, and ethical
	•		issues pertaining to
		-	donor insemination and
			surrogate motherhood
			1
	dentify, discuss and defend medicolegal,	IM.26.44.1	Identify medicolegal,
s	socio-cultural professional and issues	,	sociocultural, and ethical

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	pertaining to ethical medical negligence	And the second s	issues pertaining to ethical medical negligence
1 4 4 6 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IM.26,44.2	Discuss medicolegal, sociocultural, and ethical issues pertaining to ethical medical negligence
		IM.26,44.3	Defend medicolegal, sociocultural, and ethical issues pertaining to ethical medical negligence
IM26.45	Identify, discuss, and defend medicolegal, socio-cultural professional and ethical issues pertaining to malpractice	IM.26.45.1	Identify medicolegal, sociocultural, and ethical issues pertaining to malpractice.
		IM.26.45.2	Discuss medicolegal, sociocultural, and ethical issues pertaining to ethical malpractice.
		IM.26.45.3	Defend medicolegal, sociocultural, and ethical issues pertaining to malpractice
IMZ6.46	Identify, discuss, and defend medicolegal, socio-cultural professional and ethical issues in dealing with impaired physicians	IM.26.46.1	Identify medicolegal, sociocultural, and ethical issues pertaining to impaired physicians.
		IM.26.46.2	Discuss medicolegal, sociocultural, and ethical issues pertaining to impaired physicians
		IM.26,46.3	Defend medicolegal, sociocultural and ethical

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		<u> </u>	4.500
M26.47	Identify, discuss, and defend	IM.26.47.1	Identify medicolegal,
	medicolegal, socio-cultural, and ethical		socio-cultural, and
	issues as they pertain to refusal of care		ethical issues as they
· ·	including do not resuscitate and		pertain to refusal of care
. Et management	withdrawal of life support		including do not
and the same of th			resuscitate and
- Special Control of the Control of			withdrawal of life
			support
			Parameter and an all and a series
		IM.26.47.2	Discuss medicolegal,
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			refusal of care including
			do not resuscitate and
		*	withdrawal of life
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IM26.49	Administer informed consent and	11VI.20.43.1	consent for a research
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	a patient being enrolled in a research		quarries of
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44	LOGBOOK	(MEDICINE)	- (PAGES 1-	13
		LOGBOOK		
e e e e e e e e e e e e e e e e e e e	DEPART	MENT OF MEDICINE		
2	(COMPETENC	CY BASEDCURRICULUM)		
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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 faculty.
- 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.

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Self-Declaration Form

I am Mr./Ms/	Son/Daughter of Sh
Roll No	University Reg. No
	•• ફુંડલે ૧૩૦ ૧૦ ૧૯ તેમ તેમ તેમ તેમ તેમ લેખ લેખ લેખ લેખેલ તેમ તેમ તેમ તેમ તેમ તેમ તેમ તેમ તેમ તેમ
Contact No. (Student)	Contact No. (Parents)

- 1.As per MCI Guidelines Regulations on GME 1997 in Gazette of India Amendment Notification No. MCI-34(41)/2019-Med/161726 (dated 06.11.2019) Chapter VI Assessment:
- a)11.1.1.(a)(1): Attendance requirements are 75% in theory and 80% in practical/clinical. 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.
- b)11.1.1(b)(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.
- 3.If I have not fulfilled the above criteria, Institute will not forward/recommend my name to appear for University Examination.
- 4.If I am detained due to lack of attendance or failing in internal assessment, I cannot appear in university supplementary examination unless I improve my performance. If I Fail to improve my performance then I will be not be eligible to appear in university exam with my batch.

SIGNATURE OF STUDENT

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INDEX

S.No	COMPETENCIES	PAGE
		NO
. 1.	COMPETENCIES REQUIRING CERTIFICATION	
2.	COMPETENCIES REQUIRING DOCUMENTATION	**************************************
3.	CERTIFIABLE PROCEDURAL SKILLS &OTHERS	
4.	RECORD OF CLINICAL CASES PRESENTED/ATTENDED PHASE II	
5.	RECORD OF CLINICAL CASES PRESENTED/ATTENDED PHASE III (Part I)	
6.	RECORD OF CLINICAL CASES	
	PRESENTED/ATTENDED PHASE III (Part2)	

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Abbreviations:

Attempt at activity by learner:

- F First attempt (or) only attempt
- R Repeat of a previously done activity
- Re- Remedial activity based on the determination by the teacher

Rating - Use one of three grades:

- B Below expectations (B)
- M- Meets expectations (M)
- E Exceeds expectations (E)

Decision of the teacher

- C Activity is completed, therefore closed and can be certified, if needed
- R- Activity needs to be repeated without any further intervention
- Re Activity needs remedial action (usually done after repetition did not lead to satisfactory completion)

COMPETENCIES REQUIRING CERTIFICATION

Competency Addressed & Name of activity.	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM 1.18, IM2.10 IM 8.17 Order, perform and interpret an ECG Number required for certification- 3						
IM2.22 Perform and demonstrate in a mannequin BLS. Number required for certification - I						
IM11.12 Perform and interpret a capillary blood glucose test. Numbers required for certification- 2						
IM11.13 Perform and interpret a urinary ketone estimation with a dipstick.					nonament and an annual of the fall of the	
Number required for certification-2						

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COMPETENCIES REQUIRING LOG BOOK DOCUMENTATION

	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM 1,30 Administer an intramuscular injection with an appropriate explanation to the patient.						
IM 4.13 Perform and interpret a sputum gram stain. IM 4.14 Perform and interpret a sputum AFB.				www.mathaten.and.en.u		
IM 4.15 Perform and interpret a malarial smear.			-			
IM 4.17 Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment. (DOAP)						
IM 4.19 Assist in the collection of blood and wound cultures.					No. 1628	gar-gygggggganaan a saan a bookh cidol bell de de de de de de de de de de de de de
IM 4.20 Interpret a PPD (Mantoux)						
IM 5.15 Assist in the performance and interpret the findings of an ascitic fluid analysis. (DOAP)						
IM 9.19 Assist in a blood transfusion.					No water the second second second second second second second second second second second second second second	
IM 10.20 Describe and discuss the indications to perform arterial blood gas analysis: interpret the data						
IM 21.5 Observe and describe the functions and role of a poison center in suspected poisoning						
IM 25.9 Assist in the collection of blood and other specimen cultures		·			•	

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COMPETENCIES REQUIRING LOG BOOK DOCUMENTATION

	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM3.8 Demonstrate in a						# .
mannequin and interpret results of						
an arterial blood gas examination. (DOAP)						
(DOM)						
IM3.9 Demonstrate in a mannequin and interpret results of a pleural fluid aspiration. (DOAP)						
IM10.21 Describe and discuss the				-		
indications for end insert a						
peripheral intravenous catheter.			,			
(DOAP)		****				
IM 17.19 Demonstrate in a model						
the correct technique to perform a lumbar puncture.						
1M3.10, Demonstrate the correct	-					A
technique in a mannequin and						
interpret results of a blood culture.						
(DOAP)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1M20.2 Describe, demonstrate in						
a volunteer or a mannequin and					s.	
educate (to other health care						
workers / patients) the correct						
initial management of patient with						
a snake bite in the field. (DOAP)						
IM23.5 Counsel and communicate to patients in a simulated				un proposition of the contract		
environment with illness on an				***************************************		
appropriate balanced diet.				errore de la companya		
(DOAP)						AND MENTERS WAS INCOME.
IM4.17 Observe and assist in the		***************************************				
performance of a bone marrow						
aspiration and biopsy in a						
simulated environment. (DOAP)			Line consequences and a second distriction of			***************************************
IM26.29Communicate diagnostic			dagindassa			
and therapeutic options to patient						
and family in a simulated			Western Company			
environment. (DOAP)		L		L	L	

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COMPETENCIES WITH CERTIFIABLE PROCEDURAL SKILLS

	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM 26.30 Communicate care options to patient and family with a terminal illness in a simulated environment. (DOAP)						
IM 26.49 Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment. (DOAP)	• 300 de de de de de de de de de de de de de	guarant en en en en en en en en en en en en en				

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	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
Venipuncture (I)	-genegoragonagongopongonohigongolikikohidakkigi (n. 1					·
Intramuscular injection (I)				-		
Intradermal injection (D)						
Subcutaneous injection (I)						1
Intra Venous (IV) injection (I)				-	-	
Setting up IV infusion and calculating drip rate (I)	Outed to the state of the state			ť		- And Andrews -
Blood transfusion (O)						
Urinary catheterization (D)						
Basic life support (D)						Table Policies Communication C
Oxygen therapy (I)						
Aerosol therapy / nebulization (I)		·				
Ryle's tube insertion (D)			yp 14444 (1845 1846 1846 1846 1846 1846 1846 1846 1846			
Lumbar puncture (O)				un des des generales de la companya de la companya de la companya de la companya de la companya de la companya		
Pleural and ascitic aspiration (O)			e '			**************************************
Cardiac resuscitation (D)	enemente en en en en en en en en en en en en en					- The state of the
Peripheral blood smear interpretation (I)	igen englisch den treit der Antonie der der der der der der der der der de		manana a saamuu (CCC) ii iibiinidada (CCC) iibii	And the second s		
Bedside urine analysis (D)	ann ann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an					

I- Independently performed on patients,
O- Observed in patients or on simulations,
D- Demonstration on patients or simulations and performance under supervision in **Patients**

RECORD OF CLINICAL CASE PRESENTAION IN PHASE 2

S. NO	Date	Patient Name & ID	Diagnosis	Case Presented/Attended	Instructor's Signature
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RECORD OF CLINICAL CASE PRESENTAION IN PHASE 3 PART 1

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RECORD OF CLINICAL CASE PRESENTAION IN PHASE 3 PART 2

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ASSESSMENT - YG

THEORY EXAMINATION (200 MARKS)

PAPER I (100 MARKS)

PART I

20 MCQs

20 marks

(NO negative marks)

PART II

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(Not more than 200 words)

PART III

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(AT LEAST ONE AETCOM QUESTION)

(Not more than 200 words)

PAPER II (100 MARKS)

PART I

20 MCQs

20 marks

(NO negative marks)

PART II

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(Not more than 200 words)

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PART III

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(Not more than 200 words)

-TB

- DERMATOLOGY
- PSYCHIATRY

OF THE 6 SHORT NOTES, 5 QUESTIONS FROM TB, DERMATOLOGY AND PSYCHIATRY

1 AETCOM QUESTION

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PRACTICAL EXAMINATION

1. ONE LONG CASE

80 MARKS

Long Case 70 marks
AETCOM 10 marks

.

40 MARKS

3. ANALYTICAL OSCE

2. ONE SHORT CASE

40 MARKS

8 STATIONS OF 5 MARKS EACH

1 ECG

1 CXR

1 ABG

1 CSF / OTHER CLINICAL INVESTIGATION INTERPRETATION

1 PRESCRIPTION WRITING

1MICROSCOPIC PICTURE / SLIDE

1 DERMATOLOGY PICTURE

1 AETCOM

4. TABLE VIVA

2 VIVA

2 X 20 = 40 MARKS

1 VIVA - DRUGS AND INSTRUMENTS

1 VIVA - EMERGENCIES

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Internal Assessment Marks for General Medicine

Table 5: Distribution of Internal assessment mark	S across nhaces
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Phase	New William Bu	W. 1
	Theory	Practical/ Clinical
Phase 2	20	Tractical/ Clinical
Phase 3 Part 1	40	20
Phase 3 Part 2	60	40
Sent Up	60	60
Log Book		60
Total	20	20
TOTAL TOTAL	200	200
·	·	

S. Anumadha

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FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

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Page No. पुष्ठ संख्या

MINUTES

A meeting of the Committee of Courses & Studies in the Department of General Surgery was held on Friday the 5th August, 2022 at 2.30 pm in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, [♣] University of Delhi, Delhi – 110007.

The following members were present:

1.	Dr. Iqbal Singh, HOD, Department of Surgery, DU, UCMS - Chairperson	
2.	Dr. Sanjay Gupta, Deptt of Surgery, UCMS - Member	
3.	Dr. Pawanindra Lal, HOD, Deptt of Surgery, MAMC - Member	
4.	Dr. Rajdeep Singh, Deptt of Surgery, MAMC - Member	
5.	Dr. Nain Singh, Professor, Deptt of Surgery, LHMC - Member	
6.	Dr. (Mrs.) Navneet Kaur, Professor, Deptt of Surgery, UCMS - Member	a versione Julius es d
7.	Dr. Lovenish Bains, Associate Professor, Deptt of Surgery, MAMC - Men	iber

The Committee considered and recommended the following:

- Approved the plan for summative assessment Third Professional (Part II) 1. Practical Exam in General Surgery. (Annexure - 1).
- Template of Theory Examination papers I & II MBBS Third (Curriculum) 2. Phase III - Part II) General Surgery (MBBS). (Annexure - II).
- Division of topics in General Surgery Theory Paper I & II as per CBME 3. curriculum Phase III - Part II summative assessment (*NMC-2019). (Annexure -III)
- For the current batch (2019 New Scheme), the colleges may continue the 4 existing log book and incorporate the NMC 2019 guidelines in the same. (Annexure-IV). A consensus documents regarding the log book shall be circulated in due course.

* Reference Gazzette of India Board of Governors in super-session of Medical Council of India amendment notification dated 4.11.2019.

The meeting ended with a vote of thanks to the chair.

Sanjay Gund

Dr. Pawanindra Lal. HOD, Deptt of Surgery. MAMC

Dr. Raideep Singh, Deptt of Surgery, MAMC

Deptt of Surgery, UCMS

Dr. Nain Singh, Professor, Deptt of Surgery, LHMC

Dr. Lovenish Bains, Associate Professor, Deptt of Surgery, MAMC

Dr. (Mrs.) Navneet Kaur. Professor, Deptt of Surgery . UCMS

or. Iqbal Singh, HOD, Department of Surgery, TOU. UCMS



MBBS THIRD PROF. PART-2: PRACTICAL EXAMINATION IN GENERAL SURGERY FOR SUMMATIVE ASSESSMENT*

Plan for Summative Assessment as per NMC recommendation, 2019*

Examination in General Surgery 200 Skills competencies acquired during th Professional Development Program (AETCOM module) must be tested during clinical, practical and viva. Distribution of marks (Total Marks: 200)	theory and practical (practical / clinical + viva) * Assessment to include
Distribution of marks	Assessment to include
(Cognitive, Psychomotor & congenunication skills)
Surgery cases [2x50=100 Mks] + Viva [3x10=30Mks] + Spots**[2x10=30Mks] = 150Mks Ortho Case [1x30=30] + Viva [1x20=20] = 50Mks	Assessment of case to include: History taking, Gen & Local Surgical chancal examination/skills testing, demonstrates physical signs write case record, Analysis, Problem Oriented Clinical Diagnosis/Differential Diagnosis. Discuss investigations relevant to case & develop management plan. Assess Communication skills(AETCOM): Advise pertinent to the allotted case etc.
Specimens +Xrhys= 10Mks Instruments+ Operative =10Mks Interpret Common Investigation	 10 Spots of 2 marks each 1 Specimen 1X-Ray 1 Op Procedure. & Instruments Interpret Common Investig Data Actom Viva
	Viva" [3x10=30Mks] + Spots**[2x10=20Mks] = 150Mks Ortho Case [1x30=30] + Viva [1x20=20] = 50 Mks Specimens +Xvhys=10Mks Instruments+ Operative =10Mks

Reference:

*Board of governors in super-session of medical council of India, Amendment notification. The Gazette of India (Extraordinary), Part III - Section 4, No. 390, November 6, 2019.

Excerpts from the above document are as follows:

NMC Recommendation: Practical Clinical Examination to be conducted in the laboratories and for hospital wards (field practice areas) *Objectives: To assess proficiency and skills to conduct experiments, interpret data and form logical conclusions. Practical/clinical examinations will be conducted in the laboratories and for 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 oncandidate's capability to elicit history, demonstrate physical signs, write a case record, analyze thecase and develop a management plan.

Viva / Oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, Xrays, identification of specimens is to be also assessed.

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III PROF. M.B.B.S. PART II-GENERAL SURGERY (MBBS) TEMPLATE OF THEORY EXAMINATION PAPERS

Background

In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Board of Governors in super-session of Medical Council of India with the previous sanction of the Central Government, have amended the "Regulations on Graduate Medical Education, 1997", by the Regulations which may be called the "Regulations on Graduate Medical Education (Amendment), 2019". Competency based curriculum of the Indian Medical Graduate programme has been implemented for MBBS course starting from academic year 2019-20 onwards. The Regulations have come into force since their publication in the Official Gazette on 4th November 2019.

Salient features of the sub-section on University Examinations of the Regulations on Graduate Medical Education (Amendment), 2019 regarding Theory examination (Reference: Gazette of India. BOARD OF GOVERNORS IN SUPER-SUSSION OF MEDICAL COUNCIL OF INDIA AMENDMENT NOTE CATION dated the 4th November, 2019. Chapter VI, sub-section 11.2)

Chapter VI of the Regulations on Graduate Medical Editeation (Amendment), 2019 deals with the Assessment under the Competency based constantum, and the sub-section 11.2 deals with the University Examinations trie mentioned that University examinations are to be designed with a view to ascertain whether the captilidate 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 in 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 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 racke than 30% of the total theory marks. In subjects that have two papers, the barnermustsecuteatleast40%marksineachofthepaperswithminimum50%ofmarksin aggregate (both papers together) in pass.

The Third Professional Pert 12 (Final Professional) examination in Gen Surgery shall be at the end of training (14 months including 2 months of electives). There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main exam. In Gen Surgery, there will be 2 theory papers of 100 marks each total 200 marks. At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module). The disciplines of Allied Surgery (Orthopaedics, Anesthesiology, Dentistry and Radiodiagnosis) will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.

haired N

Page No 1 of 3

Template for Theory examination paper

There shall be Two theory papers with topic-wise distribution as per the syllabus approved by FMS, University of Delhi. Each paper of 100 marks to be as per the following template:

Table-I: Template of Theory Paper-I of 100 marks

Part	Type of question	Number of questions	Marks per question	Total marks	Total Time 180
A	MCQ	20 [Surgery]	inimana ya masaya masa ba ya ka	and the state of t	[min]
В	LA	2 Surgery)	a second contract of the second contract of t	20	.20
C	SΛ	4 Surgery	710	20	40
n	SAO*		5	20	40
F	the state of the s	4[Surgery 3; AETCOM I]	i	20	4()
<u> </u>	SAQ	4[Surgery]	4.7	20	40
	A Paragraph or a property of the last of t		Total Mks	100	· · · · · · · · · · · · · · · · · · ·
* One	SAQ of the	Part D will be from AETCOM module	* C ME 71103	100	Marine and the second s

Table-II: Template of theory paper-II of 100 marks

Part	Type of question	Number of questions	Marks per question	Total marks	Time mini
Λ	MCQ	20 [Denta] 4; Rad. 6: Aries, 6, Ortho, 4])()	20
В	LAQ	2 Surgery	Vit.	20	3()
C	SAQ	3 Surgery	500	15	30
D	SAQ*	3 Surgery 2; ALTCOM IT	<i>1</i> 5	15	30
E]	SAQ	3 Orehol 👙 📏 🗸	5	15	้าก
F	SAQ	3 Ortho	5	15	30
			Total Mks	100	***
* One	S40 of the l	arc D will be from AETCOM on hile	The second secon		h. Mill Mondael conservation and have you

Notes regarding the templace for Theory examination paper

- Each of the two theory paper will be of 100 marks each
- Duration of paper will be 3 hours (including maximum 20 minutes for the MCQs paper)
- Part A (MCQs) is to be attempted on the provided question paper itself.
- All the other parts are to be enswered in separate answer-sheets.
- Part A question paper is to be detached and returned back after 20 minutes of the start of the examination.
- Learner is to write his/her roll number on the top on both the MCQ question paper and the LAQ, SAQ question paper immediately on receipt.
- Only blue/black ink is to be used for attempting the paper including the MCQ section. Use of pencil is only allowed for diagram/graphs.

MCOs:

Each of the 20 questions will be of single best answer type, where the learner is to indicate the single correct or best answer among the four given options.

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Page No 2 of 3

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- The MCQs can include questions on 'match-the-correct-options', 'correct sequence', clinical scenarios etc. but options to be worded as choosing single correct/best answer.
- Each question will have a stem of the question followed by four choices labelled as A. B, C and D
- At the end of each MCQ, a square box will be provided where the learner is to indicate his/her answer by writing a single option (among A, B, C or D) within the square box.
- An option choice once indicated within the box is not allowed to be changed. Any scratching, scribbling, overwriting or change of the indicated choice within the box, will be considered as a wrong response.
- There shall be 1/4 negative marking for the incorrect answers for MCOs, and one mark will be awarded for each correctly answered MCQ.

Note on Long Answer Questions (LAQ)

- Each LAQ is to be framed with objective smaller sub-parts, indicating clearly marks for each sub-part.
- Each LAQ to preferably be divided into 2 4 sab-parts.
- All the sub-parts within one LAQ to preferably be linked by theme or topic, they should not be unrelated to each other.

Note on Short Answer Questions (SAO)

- The SAQ can comprise of questions on writing abort notes on specific topics, differences between two terms, drawing a schematic diagram on
- . One SAQ within part D of each of the two theory papers will be from AETCOM topics.

Justification: Noit on Distribution of marks in the Surgery Allied Subjects [Orthopaedics, Anaesthesia, Radiology, Dentistry]:

- Ortho earlier 6[M(D) + 2NSAQ] = 27/40, Now 4[MCQ] + 30[SAQ] = 34/50
- Anathesia earlier MMCQ] = MO; Now 6[MCQ] = 6/50
- Radiology cartier 10[MCO] = 5/40 Now 6[MCQ] = 6/50
- Dental carrier 6[MCQ] \ 3/40; Now 4[MCQ] = 4/50

Note on: Evaluation of Answer sheets [UCMS] ":

- Examiner | Part & M Paper | & ||
- Examiner 2 Paper Pager B + Paper II Part C
- Examiner 4 Paper I Part D
- Examiner 5 Paper I Part E
- Examiner 6 Paper II Part B
- Orthopaedies examiners Paper II Part E&F
- Subject to total 08 examiners (06 Surg+02 Ortho) Internal & External ratio; 1:1⁸

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DEPARTMENT OF SURGERY UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL **LOGBOOK**

Student's Name:

Semester:

Posting Batch:

Roll No:

AdmissionBatch:

Page No:

Unit of Posting:

Posting Date From:To:

	To be filled by the student	To be	To be filled by the Teacher				
Sr.No &Date	Activity	Competency Number	Domain:K/S/A/C Level:K/KH/SH/P	Signature with date Sealof the facilitator teacher			
Michigan Control Contr							
				processing and the second section (**)			
CORRECTION OF THE CORRECTION O				And Angular Control of the Control o			
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• If space is required, the student may continue to write into the next Row/Page

<u>Domain</u> K- Knowledge, S - Skill. A - Attitude / Professionalism, C- Communication. <u>Level</u>: K - Knows, KH - Knows How, SH - Shows How, P- Performs Independently. <u>CompetencyNo</u>: Check from the list of General Surgery Competencies

hek <u>Survey Lookook</u> by logging in their daily record as per NMC GRI 2019 requiremental as held by the teacher/faculty of the respective Surgery Up a without excitation for size of the traillendance will be deemed incomplete without Logbook Record. nts will be sofely responsible for properly maintaining the he), on real time daily base a get it verificat counteres and the Aolse will be accepted. Want heroid assess which

TIME ALLOTMENT FOR GENERAL SURGERY AND ALLIED

		From	To	Lectures [430 hours]	Clinical Posting [32 weeks]
Phase 2nd	2nd Prof	October	August		
	\$,,	A A A A A A A A A A A A A A A A A A A		General Surgery 25	General Surgery 4
general egypteen ear earlier de secure de le	Control of the second control of the second	lacus occi occininal arroncoli di a del della della di a del della di altri di anticoli di anticoli di anticoli			Orthopedics 2
MEAN COMPANY OF STREET, OF STREET, STR					Radiodiagnosis 2
Phase 3rd	3rd Prof Part I	October	September		
<u> </u>				General Surgery 65	General Surgery 4
		Annual or commenced the framework		Orthopedics 40	Orthopedics 4
	1	***************************************		Radiodiagnosis 20	Dentistry 1
				Anesthesiology 20	Anesthesiology 1
Phase 4th	Electives	November	December	Electives 200	Electives 4
	3rd Prof Part II	January	December		
				General Surgery 210	General Surgery 8
· · · · · · · · · · · · · · · · · · ·	ti entre en en en en en en en en en en en en en	<u> </u>		Orthopedics 50	General Surgery 4
					Orthopedics 2
galilio en mercena processora presconsola con discona	***************************************	A			JACON

THEORY INTERNAL ASSESSMENT

HEUKY NVII	CKINAL WODEDDINIE	<u>vii</u>		and the second second			
en en en en en en en en en en en en en e		From	To barrer of the	Theory Assessment	Theory Assessment	Weightage in IA [Theory][80%]	Logbook [Theory][20%]
Phase 2nd	2nd Prof	October	August	Term Test 1 [100]	Term Test 2 [100]	-25/430x80=6%	25/430x20=1%
THOU AND			<u> </u>	General Surgery [100]	General Surgery [100]		General Surgery [100]
Phase 3rd	3rd Prof Part I	October	September	Term Test 3 [100]	Term Test 4 [100]	145/430x80=27%	145/430x20=7%
1 HB3G OFB	A STATE OF THE STA	205989999		General Surgery [70]	General Surgery [21]		General Surgery [44]
			-	Orthopedics (30)	Orthopedics (25)		Orthopedics [28]
- 0.000 talk contract of the c					Radiodiagnosis [27]	A CONTRACT A MANAGEMENT AND A MANAGEMENT	Radiodiagnosis [14]
			And the second section of the second		Anesthesiology [27]	An water of contractions and the contraction of the	Anesthesiology [14]
Phase 4th	Electives	November	December	1 - 27 - 22 - 27 - 27 - 27 - 27 - 27 - 2			
1 (1036 70)	3rd Prof Part II	January	December	Term Test 5 [100]	Term Test 6 [Sent Up][100]	260/430x80=47%	260/430x20=12%\
B	CONTROL OF THE	and the second second second		General Surgery [81]	General Surgery (81)		General Surgery [81]
. 55	(·	2	A	4	- S. Control - No. 1985	E CONTRACTOR OF THE PROPERTY O	Acceptance of the second secon

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Orthopedics [19] Orthopedics [19] Orthopedics [19]

CLINICAL POSTING INTERNAL ASSESSMENT

	A Pathy Promis Pagranii Basas	From	To	Clinical Posting Assessment	Sent Up	Weightage in IA [Practical][80%]	Logbook [Clinical Posting][20%]
Phase 2nd	2nd Prof	October	August	CP1 (100)		8/32x80=20%	B/32x20=5%
	A Land Control of the	d and a second		General Surgery [50]			General Surgery [50]
· (CONTRACTOR CONTRACTOR AND CONTRACTOR CONTRAC			Orthopedics [25]			Orthopedics [25]
<u> </u>	A STATE OF THE PROPERTY OF THE	1		Radiodiagnosis [25]			Radiodiagnosis [25]
Phase 3rd	3rd Prof Part I	October	September	CP2 [100]		10/32x80=25%	10/32x20=6.25%
		-		General Surgery (40)			General Surgery [40]
· · · · · · · · · · · · · · · · · · ·				Orthopedics [40]			Orthopedics (40)
Aleman area area area area area area area ar				Dentistry [10]			Dentistry [10]
				Anesthesiology [10]		19 (2001)	Anesthesiology [10]
Phase 4th	Electives	November	December				AT THE RESERVE TO STREET STREET
	3rd Prof Part II	January	December	CP3 [100]	CP4 [Sent Up] [100]	14/32x80=35%	14/32x20=8.75%
				General Surgery [60]	General Surgery [86]		General Surgery [86]
				General Surgery [25]	Orthopedics [14]		Orthopedics [14]
				Orthopedics [15]		2	

CALCULATION OF INTERNAL ASSESSMENT

- 1. Internal Assessment Theory, Maximum 80] Term Test | 3x6/100 Plus Term Test [3+4]x27/100 Plus Term Test [5+6]x47/100
- Logbook Theory [Maximum 20] Logbook Phase 2 [Theory]: \$100 Plus Logbook Phase 3 [Theory]x7/100 Plus Logbook Phase 4 [Theory]x12/100
 Internal Assessment Practical [Maximum 80] = CPlx2 \$\times\$100 Plus 2 P2x25/100 Plus (CP3+CP4]x35/100
- 4. Logbook CP [Maximum 20] = Logbook Phase 2 [CP]x5/100 Plus Logbook Phase 3 [CP]x6.25/100 Plus Logbook Phase 4 [CP]x8.75/100

Note:

- (i) The weight age to be given to electives to be decided later, depending on the department where the elective posting is done.
- (ii) There is no prescribed time for Dentistry Theory

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FACULTY OF MEDICAL SCIENCES Item No. 4-1-62 UNIVERSITY OF DELHI

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Page No. पृष्ठ संख्या

MINUTES

A meeting of the Committee of Courses & Studies in the Department of Pediatries was held on Monday the 17th October, 2022 at 10:00 a.m. in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi, Delhi – 110007.

The following members were present:

1.	Dr. Urmila Jhamb, HOD, Deptt of Paediatrics, DU, MAMC
2.	Dr. Anju Aggarwal, Deptt of Paediatrics, UCMS
3.	Dr. Monica Juneja HOD, Deptt of Paediatrics, MAMC
4.	Dr. Anurag Agarwal, Deptt of Paediatrics, MAMC
5.	Dr. K. Rajeshwari, Deptt of Paediatrics, MAMC
6.	Dr. Soumya Tiwari, Deptt of Paediatrics, LHMC
7.	Dr. Anu Maheshwari, Deptt of Paediatrics, LHMC
8.	Dr. Dheeraj Shah, Deptt of Paediatrics, UCMS
9.	Dr. Puneet Kaur Sahi, Deptt of Paediatrics, MAMC
10.	Dr. Rajesh Kumar Meena, Deptt of Paediatrics, UCMS
11.	Dr. Harish K. Pemde, Deptt of Paediatrics, LHMC
12.	Dr. Anju Seth, Deptt of Paediatrics, LHMC
13.	Dr. Preeti Singh, Deptt of Paediatrics, LHMC
14.	Dr. Prerna Batra, Deptt of Paediatrics, UCMS

The Committee met and discussed the Curriculum for Department of Pediatrics based on CBME for MBBS Course.

The Committee unanimously approved the following:

- 1. Topics, Competencies and specific learning objectives (Annexure I a & b)
 - (a) Clinical Posting & Practical Teaching. -
 - (b) Lectures
- 2. Assessment Theory and Practical (Annexure II)
- 3. Logbook (Annexure III)

The meeting ended with a vote of thanks to the chair.

Dr. Urmil Jhamb (Chairperson)

PAEDIATRICS

Annexue Pa

CBME- Clinical Posting in Paediatrics

Phase II Clinical Posting

Posted for Monday - Friday between 9am - 12pm.

Total Duration of posting 10 days x 3 hours = 30 hours in Phase II. Competencies to be covered are as detailed in the Table below.

(Competencies to be certified are marked in bold)

Primary Focus should be on demonstration using clinical pictures/ videos for teaching/learning and general history taking.

Appropriate Time for simulation may be taken out from 3 hours clinical posting

Try to cover a variety of cases, rather than repeating same type of cases.

S.No.	Competencies	Objective
1	Introduction to Paediatrics& visit to	1. Relevance of Paediatrics as a subject (including Child health indicators)
	departmental areas	2. Supervised visit to all teaching learning areas in the Paediatrics (opd, Wards,
		NICU, PICU, Emergency, PNW etc.)
**************	A CASA TO SECTION OF THE PROPERTY OF THE PROPE	3. Resources required for learning (Books/growth charts/assessment tools etc.)
2	History Taking in Paediatrics	1. Components of History taking in Pediatrics
	en en en en en en en en en en en en en e	2. Detailed description of various components of history and their importance
	**************************************	3. Practice session on history taking.
3	Common symptoms in Pacdiatrics	1. History taking in a child with common symptoms - fever, rash, pain, diarrhea,
		vomiting, cough, poor feeding.
4	Developmental history in a Child (PE	1. How to clicit developmental history in infants and children and interpret the
	1.5, 1.7, 3.3)	findings
		2. Elicit developmental history from a parent/caretaker.
		3. Elicit the current developmental milestones of the child.
		4. When to suspect developmental delay on the basis of history.
		5. Use of MCP card for assessing development.
		6. Practice session on development history (On a case)
5	Nutritional Assessment of a Child (PE)	1. Detailed dietary history including breast feeding and complementary feeding.

******************	8.4, 9.4,9.5)	1 2	растинентерительного положения общений в при при при при при при при при при при
	**************************************	3.	Recommended calorie and protein requirement for children of all age groups
			How to elicit the dietary history and Calculate the calorie and protein content of 24 hour dietary intake by a child,
		4.	Take focused dietary history based on recall method from the caregiver -
		3	Present the dietary history
٠,			Calculate the gap (deficit) between recommended intake of calorie and protein and actual intake
6	Anthropometry and its Interpretation	1.	Methods of assessment of growth (use of WHO and Indian national standards)
	(PE 1.4)		How to measure anthropometric parameters in children
	Principal		Interpret the anthropometric measurement data by plotting in appropriate
	The state of the s		WHO growth charts for children of all age groups and gender.
			How to classify the type and degree of under nutrition using the WHO charts
		5.	Practice session - perform and interpret anthropometry
7	Universal Immunization		National Immunization program
	Program(PE19.6, 19.10, 19.11,19.12)	2.	Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule
		3.	Visit to Immunization clinic
		4.	Observe the handling and storing of vaccines
AXXXII.			Observe the administration of UIP vaccines
8	General Physical Examination	1.	Record pulse, blood pressure, temperature, hydration and respiratory rate;
		8	interpret as per the age
		£ -	Recognition of common GPE findings and nutritional deficiency signs.
9	IMNCI (PE 7.5, PE 8.2, PE 10.4, PE		Introduction to IMNCI, its components
****	16.1, PE 16.2, PE 16.3, 24.11)	ž i š	Identify the Undernutrition as per IMNCI
10	End of posting Assessment .		(MCQ's based on practical classes) and Practical (OSCE).

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Phase III Part I Clinical Posting

Posted for Monday - Saturday, between 9am - 12pm.

Total Duration of posting 24 days x 3 hours = 72 hours (51 Paediatrics + 21 Hours Neonatology) in Phase III part I.

Competencies to be covered are as detailed in the Table below.

(Competencies to be certified are marked in bold)

Primary Focus would be on system based - history and examination. Demonstration of clinical signs on patients or by use of videos for teaching/ learning.

Appropriate Time for simulation may be taken out from 3 hours clinical posting

Try to cover a variety of cases, rather than repeating same type of cases.

Day	Competency	Learning Objectives (Departmental)
DI	Recapitulation of competencies learnt	1. Components of History taking in Pediatrics
and a second at a second	in Phase 2 learnings	2. Importance of different components
D2	Perform Developmental assessment	1. Elicit developmental history from a parent/caretaker and
	and interpret (PE1.7)	2. Perform Developmental assessment in infants and children and interpret the findings.
		 Elicit development history and interpret in a child with developmental delay.
D3	Nutritional Assessment of a Child (PE 8.4, PE 9.4, 9.5, 9.7)	Calculate the gap (deficit) between recommended intake of calorie and protein and actual intake
		2. Plan an age appropriate diet for a healthy child of different age groups, and child with under nutrition/ over nutrition.
D4	Anthropometry and its Interpretation	Feeding counseling of the mother Perform anthropometric measurements in children and plot.
	(PE1.4, 9.6, 11.5)	 Interpret the anthropometric measurement data by plotting in appropriate WHO growth charts for children of all age groups and gender.

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		3. Calculate BMI, document in BMI chart and interpret
	•	4. Assess nutritional status from anthropometric parameters for children of
		all age groups.
		5. Classify the type and degree of under nutrition using the WHO
		charts.
)5	Adolescent Health Check-up	Identify over nutrition (overweight and obesity) by using WHO charts. Perform routine Adolescent Health checkup including eliciting history,
		performing examination including SMR (Sexual Maturity Rating), growth
		assessments (using Growth charts) and HEADSS screening (PE 6.9)
6	Abdomen	Elicit document and present the history related to diseases of
	History (PE 21.8, 26.5)	Gastrointestinal system
		2. Elicit, document and present a history pertaining to diseases of the
		Genitourinary tract
	Examination (21.9, 26.6, 26.7, 26.8,	1. Identify external markers for GI and Liver disorders e.g. Jaundice, Pallo
	26.9)	Clubbing, Failing to thrive, Vitamin deficiency
		2. Identify external markers for Kidney disease, like Failing to thrive,
		hypertension, pallor, anasarca.
		3. Perform examination of the abdomen, demonstrate organomegaly, ascite
	·	etc.
		 Formulate a provisional and differential diagnosis related to clinical presentation.
7	Evaluation of a Child with Diarrhea	1. Elicit document and present the history related to diarrheal diseases and
	Including complicated diarrhea	dehydration.
	History (PE 24.9)	
	Examination (24.10, 24.11)	2. Assess for signs of dehydration, document and present
	ey managed and a second and a s	 Apply risk stratification of children with diarrheal dehydration as per IMNCI guidelines.
***************************************		4. Examine and identify features suggestive of other systemic involvement

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	And the control of th	in a case of diarrhea.
D8	Cardiovascular System History (PE23.7)	 Elicit appropriate history for a cardiac disease, analyze the symptoms Points suggestive of congenital or acquired Heart disease
	Examination (PE 23.8, 23.9, 23.10, 23.12, 23.13)	 Points suggestive of CHF Check for signs of shock i.e. pulse, blood pressure, CRT Check for signs of CHF. Identify external markers of a cardiac disease Perform examination of the cardiovascular system
D9	Respiratory system History (PE28.9,) Examination (PE28.10,28.11,28.12,28.13, 28.15, 31.2, 31.6)	 Elicit, document and present history of a child with respiratory problem including upper respiratory symptoms. Assess airway and breathing: recognize signs of severe respiratory distress. Check for cyanosis, severe chest in-drawing, grunting Examination of upper respiratory tract
		4. Classify the child with stridor as per IMNCI guidelines5. Detailed examination of respiratory system.
D10	Approach to a child with anemia with / without other Hemato-oncological or systemic manifestations	Elicit, document and present the history related to anemia and other Hemato-oncological manifestations
	History (PE29.10) Examination (PE29.11,29.12)	 Identify external markers for hematological disorders e.g. Jaundice, Pallor, Petechiae, purpura, Ecchymosis, Lymphadenopathy, bone tenderness, loss of weight. Perform examination of the abdomen, demonstrate Organomegaly
DII	CNS History & Examination (PE30.17, 30.18,30.19)	 Flicit, document and present appropriate history pertaining to the CNS Demonstrate the correct method for physical examination of CNS. Document and present clinical findings. Analyze symptoms and interpret physical findings

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D12	Assessment of airway &Oxygen therapy	1. Assess airway and breathing: recognize signs of severe respiratory distress.
		2. Demonstrate the method of positioning of an infant & child to open
		airway in a simulated environment
		3. O2 delivery devices and inhalational therapy (PE 27.9)
	No. of the Control of	
D13	Document Immunization in an	4. Administer oxygen using correct technique and appropriate flow rate
E-0 8 40 1		1. Assess patient for fitness for immunization and prescribe an age
	immunization record	appropriate immunization schedule 2. Document Immunization in an immunization record
	(PE19.6, 19.10, 19.11,19.12, 19.13)	
		3. Interpret a Mantoux Test, BCG scar
		Demonstrate the correct administration of different vaccines in a mannequin/ other models
D14	Care around birth (PE 20.2, PE 20.3)	1. Visit to a baby corner in labor room
		2. Steps of essential newborn care
		3. Observation of early establishment of breast feeding
······································		4. Observation of methods of keeping the baby warm - KMC care
D15	Neonatal resuscitation (PE 20.3)	1. Steps of neonatal care
		2. Demonstration steps of neonatal resuscitation in a manikin
		3. Demonstration of PPV through Bag and mask in a manikin
		 Demonstration of placement of orogastric tube during prolonged PPV in a manikin
		5. Demonstrate the 'thumb technique' and 'two finger technique' of
		providing chest compression in a manikin.
D16	Assessment of a normal aconate (PE	1. Elicit the relevant general, antenatal, natal and postnatal history of the
	20.4)	mother
	The second secon	Demonstrate the touch method of assessment of temperature in a newborn.
		Demonstrate the method of recording axillary and rectal temperature in a neonatal manikin.
		4. Demonstrate the counting of HR, RR, CRT in a newborn.
		5. Measure weight, length, head circumference and chest circumference in a
		neonate/manikin accurately.

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		 6. Demonstrate gestational assessment by physical and neurological criteria in a neonate. 7. Elicit common neonatal reflexes like rooting, sucking, grasp, and Moro's
		reflex correctly. 8. Demonstrate a head to toe examination of the neonate. 9. Demonstrate a relevant systemic examination of a neonate
	Feeding of a neonate – Term, preferm (PE 7.5, 7.7)	 Observe correct technique of breastfeeding noting signs of good attachment and correct positioning of mother and baby. Distinguish correct feeding technique from wrong one on the mother baby dyad. Identify the common problems related to breast in lactating mother viz retracted nipples, cracked nipples, breast engorgement, breast abscess.
	발 1 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. Observe feeding of a preterm/LBW neonate- Tube feeding/ Katori spoon feeding
	Identify and stratify risk in a sick neonate using IMNCI guidelines (PE 20.18)	 Identify possible serious bacterial infection/jaundice and stratify the sick neonate as per IMNCI. Identify and stratify dehydration in a sick neonate with diarrhea as per IMNCI.
A COMMUNICATION OF THE STATE OF		 Assess breastfeeding and check for signs of good attachment to the breast in a neonate. Interpret and classify the neonate on the basis of weight for age z scores weight categories accurately.
3	Counsel/educate mothers on the care of neonates (PE 20.5)	 Counsel mothers using the GALPAC technique (Greet, Ask, Listen, Praise, Advise, Check for understanding) appropriately. Educate mothers regarding care of the cycs, skin and cord stump of the neonate.
		3. Educate the mother for prevention of infections. 4. Counsel the mothers about the importance of exclusive breastfeeding
		appropriately 5. Explain to the mother the importance of frequent breastfeeding including
		night feeds. 6. Educate the mother regarding common factation problems 1. Explain the schedule of immunization as per the national immunization
[J] [1] [1] [1] [1] [1]		The same a series of the serie

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		 schedule correctly. Explain the importance of growth monitoring. Demonstrate the technique of Kangaroo Mother Care in a manikin and simulated mother. Explain to the parents the red flag signs for urgent visit to hospital. Counsel the parents on importance of regular visit to the well-baby clinic for growth monitoring
D21	Pediatric Procedures	Demonstration of common pediatric procedures and instruments — Iv canaulation, intraosseous line, BMA/BMB, Lumbar puncture, Liver biopsy etc. (PE 15.6, 15.7, 24.16, 29.17, 30.23, 26.10)
D22	Feedback/revision/missed class	Feedback/revision/missed class
D23	End of posting Assessment - Theory	Assessment of competencies in Pediatrics
D24	End of posting Assessment - Practical	Assessment of competencies in Pediatrics + NRP

Phase III Part II Clinical Posting

Posted for Monday - Saturday, between 9am - 12pm.

Total Duration of posting 24 days x 3 hours = 72 hours (51 Paediatries + 21 Hours Neonatology) in Phase III part II. Competencies to be covered are as detailed in the Table below.

Primary Focus would be on clinical case based approach including management

Try to cover a variety of cases, rather than repeating same type of cases.

Revision of instruments, Drugs, vaccines and X-rays have to be repeated again after phase III part I

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Day	Topic	Competency
DI	Clinical case- Undernatrition	History (PE 9.4), Examination (PE 9.6, 9.7, 10.4) & Management - SAM
D2	Clinical case – Fever >7 days	PE 34.14 -34.20
D3	Clinical Case - Abdomon	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management – HSM, Ascites, CLD
D4	Clinical Case - Diarrhea	History (PE 24.9), Examination (24.10, 24.11, 24.13, 24.14) & Management – AGE with dehydration / Chronic diarrhea
D5	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management – ACHD/CCHD/RHD/CHF
D6	Clinical case – Respiratory system	History (PE 28.9), Examination & Management (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) – Pneumonia/ Empyema/Wheczy child
D7	Clinical Case - Gentlo-uninary	History (21.8), Examination (21.9, 21.10, 21.11, 21.12, 21.13, 21.14) & Management - Nephrotic
	System	syndrome, PSGN
		Interpretation of urine analysis
D8	Clinical Case - Hemato-oncology	History (PE 29.10), Examination (PE 29.11,29.12, 29.13, 29.14, 29.15) & Management - anemia with / without Organomegaly
and the same of th		Interpret hemogram and Iron Panel, Propose a management plan for IRON deficiency anemia
D9	Clinical Case - CNS	History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23) & Management -
2.372.334		Meningitis, Paralysis, epilepsy, Cerebral Palsy
D1	Fluid therapy in Pacdiatrics	1. Calculate the fluid and electrolyte requirement in health, Interpret electrolyte report
0		2. Choose the type of fluid and calculate the fluid requirement in shock
DI 1	Clinical Case - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management
D1	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management
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D1 3	Clinical case – Respiratory system	History (PE 28.9), Examination (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) & Management
DI 4	Clinical Case - Hemato-oncology	History (PE 29.10), Examination (PE 29.11,29.12, 29.13, 29.14, 29.15) & Management
D1 5	Clinical Case - CNS	 Unconscious child - History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23) Assess level of consciousness & provide emergency treatment to a child with convulsions/coma. Position an unconscious child Position a child with suspected, Administer IV/per rectal Diazepam for a convulsing child in a simulated environment
D1 6	Assessment of a normal neonate	History and Examination of a normal neonate (PE 20.4, 20.5)
D1 7	Feeding assessment	History and assessment related with feeding in a neonate (PE 20.11)
D1 8	Clinical case	History and assessment related to - LBW / preterm neonate(PE 7.5, 7.7, 20.11)
D1 9	Clinical case	Neonatal jaundice (PE 20.12)
D2 0	Assessment of a sick neonate	Identify and stratify risk in a sick aeonate using IMNCI guidelines (PE 20, 18)
D2	Neonatal Resuscitation(PE 20.3)	 Demonstration of neonatal resuscitation in a manikin Demonstration of placement of orogastric tube during prolonged PPV in a manikin. Demonstrate the 'thumb technique' and 'two finger technique' of providing chest compression in a manikin. Identify the correct size of Laryngoscope and endotracheal tube based on given birth weight/gestation correctly. Perform PPV, chest compression and endotracheal intubation in manikin
D2	X-rays in Paediatrics	1. Interpret normal and abnormal X-rays of chest, abdomen, skull and hand (neonates and

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- Constant	2		children)	
***************************************	D2	End of posting Assessment -	Assessment of competencies in Pediatrics	_
. 3	3	Theory		
	D2	End of posting Assessment -	Assessment of competencies in Pediatrics	-
	4	Practical		j

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DR. PREETI SINGH

Dr Angin Agganwal Dr Dhung Shah Dr Prema Botto

Dr. Strue Mahahwani Dr. Sounga Turani Dr. Rajesh Kumar Meens WHI0/22

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Annexure Pag. 15

Department of Pediatrics

Phase III part I

Total duration: 55 hours

Large Group Teaching/Lecture: 20 hours; Small group Teaching / Tutorial: 30 hours;

Self-Directed Learning: 5 hours

LGT - Large group teaching, SGT - Small group teaching, *For SGTs, case-based teaching and liberal use of images and videos is advised.

Some of the SGT topics can be conducted as student symposia/seminar.

Contents of the Lecture to be developed keeping in line the prescribed competencies. AETCOM component to be included in SGT/LGT where ever is feasible.

S.No.	Topic	Mode
	General Pediatrics	
1	Principles of Growth in children & Assessment of physical growth and monitoring	LGT
2	Principles of Development and Normal Developmental milestones	LGT
3	Behavioral disorders in children	LGT
4	ADHD & Autism	LGT
5	Adolescence: Changes, Behavior & Assessment	LGT
6	IYCF Concepts, Breastfeeding: physiology & its role in child nutrition	LGT
	Complementary feeding	LGT
8	Malnutrition in children: Diagnosis & classification	LGT
9	Malnutrition in children: Management	LGT
10	Malaria	LGT
11	Dengue Fever	LGT
12	Enteric fever	LGT
13	HIV in children	LGT.
14	Intestinal Parasites	LGT

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	Neonatology	er terresconscene en en en en en en en en en en en en
15	Low Birth weight: definition, complications & Management	LGT
16	Birth asphyxia and HIE	LGT
17	Bleeding in a neonate	LGT
18	Respiratory distress in a newborn	LGT
19	Missed Class/Feedback/revision	
20	Missed Class/ Feedback/revision	

S.No.	Торіс	Mode
	General Pediatrics	
1	Anomalies of Growth: Short stature, FTT, Abnormalities of head size and shape	SGT
2	Developmental delay and Red Alerts in Development	SGT
3	Fluid and Electrolytes Balance & Dyselectrolytemia - case based approach	SGT
4	Micronutrients in Health and Disease - I (Vitamin A,C, D,E,K and B-Complex)	SGT
5	Micronutrients in Health and Disease - II (Iron, Iodine, Calcium, Zinc and Magnesium)	SGT
б	Assessment of breastfeeding & Special situations	SGT
7	National Health Programs	SGT
8	Approach to a child with fever	SGT
9	Diagnosis & Management of childhood TB	SGT
10	Immunization - National Immunization schedule and beyond	SGT
	Neonatology	oso on the second of the secon
11	Essential Newborn care including prevention & management of hypothermia and hypoglycemia	SGT
12	Neonatal sepsis	SGT

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Year	13	Neonatal Jaundice	SGT
and and an arrangement	14	Neonatal seizures including Hypocalcemia	SGT
ACCUMATION OF THE PERSON OF TH	15	Follow up of Normal Newborn	SGT
	16	Gestation assessment of a neonate	SGT

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Phase III part II

Total duration: 65 hours

Large Group Teaching/ Lecture: 20 hours; Small group Teaching / Tutorial: 35 hours;

Self-Directed Learning: 10 hours

LGT - Large group teaching, SGT - Small group teaching, *For SGTs, case-based teaching and liberal use of images and videos is advised.

LGT - Large group teaching, SGT - Small group teaching, *For SGTs, case-based teaching and liberal use of images and videos is advised.

Some of the SGT topics can be conducted as student symposia/seminar.

Contents of the Lecture to be developed keeping in line the prescribed competencies. AETCOM component to be included in SGT/LGT where ever is feasible.

TOPIC	Mode
Disorders of Kidney and urinary tract	}
Urinary Tract Infection in children	LGT
Acute Kidney Injury	LGT
Hemato-oncology	
Bleeding and Clotting Disorders	LGT
Cardiovascular system	
Acquired Heart Disease and CHF	LGT
Hypertension in children	LGT
Disorders of GI system and Liver	- 101
Chronic Diarrhea and Malabsorption	LGT
Acute Viral Hepatitis	LGT
Respiratory system	LOI
Stridor	LGT
Bronchiolitis and pneumonia	LGT
CNS	
	Disorders of Kidney and urinary tract Urinary Tract Infection in children Acute Kidney Injury Hemato-oncology Bleeding and Clotting Disorders Cardiovascular system Acquired Heart Disease and CHF Hypertension in children Disorders of GI system and Liver Chronic Diarrhea and Malabsorption Acute Viral Hepatitis Respiratory system Stridor Bronchiolitis and pneumonia

10	Neural tube defects	LGT
il	Acute Meningitis	LGT
12	CNS tuberculosis	LGT
13	ICSOL and brain abscess	LGT
14	Neuromuscular disorders in children	LGT
*****************	Endocrine and metabolic disorders	
15	Diabetes mellitus in children	LGT
16	Thyroid disorders in children	LGT
17	Obesity and overweight	LGT
18	Connective Tissue Disorders (JIA, SLE, Kawasaki)	LGT
19	Child Abuse and Pocso act.	LGT
20	Missed class	

S.No.	Topic	Mode
estados estados estados estados estados estados estados estados estados estados estados estados estados estados	Disorders of Kidney and urinary tract	
I	Nephrotic Syndrome	SGT
2	Chronic Kidney Disease including Congenital anomalies of kidney and urinary tract (CAKUT)	SGT
3	Approach to a child with Hematuria and Proteinuria	SGT
duli dali dali dali dali dali dali dali da	Hemato-oncology	
4	Hemolytic anemia's including thalassemia	SGT
5	Childhood Lymphomas and Leukemia	SGT
6	Solid Organ tumors - neuroblastoma, Nephroblastoma, retinoblastoma (brief Orientation)	SGT
	Cardiovascular system	
7	Congenital Heart disease	SGT

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8	Approach child with Diarrhea, classification and Management of dehydration	SGT
9	Chronic Liver Disease and Portal Hypertension	SGT
10	Approach to a child with Jaundice	SGT
	Respiratory system	
11	Approach to a child with fever and cough / difficulty in breathing	SGT
12	Management of childhood Asthma	SGT
	CNS	
13	Approach to a child with seizures	SGT
14	Classification of Epilepsy in children, diagnosis and management	SGT
15	Acute Flaccid Paralysis including poliomyelitis	SGT
		<u> </u>
16	Common chromosomal disorders (Downs syndrome, Turners syndrome etc.)	SGT
17	Approach to a child with exanthematous fever	SGT
1.8	Pediatric X rays	SGT
19	Drugs and medications in children	SGT
20	Instruments in pediatric practice	SGT
21	Communication with Child and caregiver (AETCOM)	SGT
22	Poisoning and Intoxication in children	SGT
23	Common Pediatrics Emergencies -I (Assessment and triaging of a sick child)	SGT
24	Common Pediatrics Emergencies -II (respiratory distress, status epilepticus, unconscious child)	SGT
25	Shock in children	SGT
26	BLS Algorithm	SGT
27	PALS Algorithm	SGT
28	Missed classes / Feedback/revision	SGT
29	Missed classes / Feedback/revision	SGT

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	30	Missed Class/ Feedback/revision	SGT	
	31	Missed classes / Feedback/revision	SGT	
one onese	32	Missed classes / Feedback/revision	SGT	
	33	Missed Class/ Feedback/revision	SGT	

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2. Dr. Monica Junepa	- July 17/10/22
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Annexme 2

ASSESSMENT OF UNDERGRADUATE STUDENTS-PEDIATRICS

COMPONENTS OF INTERNAL ASSESSMENT (IA) / FORMATIVE ASSESSMENT

- (i) Theory IA
- (ii) Practical / ClinicallA
- (iii) Assessment of Logbook. Up to 20% of IA marks (Theory and Practical) from the Logbook assessment.
- (iv) Internal Assessment for AETCOM

SCHEME OF FORMATIVE THEORY ASSESSMENT IN PHASE II and PHASE III MBBS-

PHASE II

Formative theory assessment at this stage will be taken at the end of the posting for each individual batch. It will be in the form of multiple-choice question (MCQ) of 20 marks.

PHASE III

Formative Theory assessments I, II, III, and IV will be conducted in phase III of the MBBS curriculum – in parts I and II, as highlighted in figure 1. During phase III, part I, there will be 2 theory examinations in February/March and August/ September, respectively. In phase III, part II, the theory exams III and IV will be conducted in May/June and November/December, respectively. Thesyllabus for the formative theory assessment for each term will be aligned with the topics taught/ covered during the preceding 6 months. The final theory assessment, i.e., IV, will be the sent-up exam that covers the entire pediatrics syllabus.

Marks distribution of the formative theory assessment I, II, III

Maximum Marks = 50

- I. MCQ-10 marks
- II. Structured essay type question one of 15 marks
- III. Short answer questions Five of 5 marks each (5 X5=25)

The formative theory assessment IV will be sent up exam that covers the entire pediatric

syllabus with Maximum Marks = 100

I. MCQ- 20 marks

II. Structured essay type question - one of 20 marks (20X1 =20)

III. Long answer question - Two of 10 marks each (10 X 2=20)

IV. Short answer questions – Eight of 5 marks each (5X8=40)

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Feb Mar Apr May Jun Aug Sep Foundation Course IMBBS Exam I MBBS IMBBS II MBBS Exam II II MBBS III MBBS MBS Exam III Electives & III MBBS Porta nibbs Skills III MBBS Part II IV Exam. w Internship VIBBS Part U

Figure 1. Timeline of UG assessment during phase III MBBS Part I and Part II

Format Theory assessments I, II, III, and IV are to be conducted in phase III - parts I and II as highlightedabove

SCHEME OF PRACTICAL EXAMINATION FOR FORMATIVE ASSESSMENT IN DIFFERENT

PHASES-

PHASE II: During this phase, the students will be posted in the department for 2 weeks. The practical assessment at the end of the posting will consist of OSCE.

The theory exam (MCQ= 15 marks) at this stage will be taken at the end of the posting for each individual batch.

PRACTICAL

OSCE (combination of observed and unobserved stations, including AETCOM) = 30 marks(6 stations X 5 marks)

MARKING SCHEME-

Maximum marks (MM) = 50

MCQ= 15 marks

Logbook (reflections of topics taught during clinical posting) = 5 marks

OSCE (combination of observed and unobserved stations, including AETCOM) = 30 marks

PHASE III, part I: The clinical posting will last 4 weeks. Each batch will have an end-of-posting assessment once during this phase. The assessment will be in the form:

- One case presentation focusing on history and examination 50 marks
- ii NRP 20 marks
- iii Logbook assessment (including portfolio of 3 cases) 30 marks

The total marks at the end posting assessment will be 100 marks.

PHASE III, part II: At the end of the clinical posting (4 weeks), students will have an assessment (total marks 100) with the following components:

- I. Clinical case (Long case) 40 marks.
- II. Newborn case- 20 marks.
- III. *Observed /Unobserved stations (X-rays, emergency drugs, instruments, AETCOM) 20 marks (5X4=20)
- IV. Logbook assessment 20 marks
- *Following are the suggested stations for observed and unobserved OSCE, however the examiners can decide the number and content of the stations as per the logistics and resource availability.

Examples of unobserved stations (written or using audiovisual aids) to evaluate the knowhow domain of the learner -

- 1. Recognition and management of emergencies like status epilepticus, hypocalcemia seizures, hypoglycemia
- ii. Chest Xray findings and their interpretation
- iii. Vaccines and their application
- iv. Recognition and management of dehydration in children
- v. Fluid and electrolyte-related clinical problems
- vi. Miscellaneous-Biomedical Waste, Needle stick injury

Examples of observed stations (with examiners to directly observe and assess the skills-

Show How component)

NRP

Anthropometry and its interpretation

iii. Dietary counseling

- iv. Assess airway and breathing.Demonstrate the method of positioning an infant & child to open airway in a simulated environment, administer oxygen using correct technique and appropriate flow rate
- v. Abdominal Palpation and percussion or any other system evaluation
- vi. The development history of a child with developmental delay

Table 1: Theory and practical assessment in phase II and phase III (Part I and II) of the MBBS curriculum

PHASE	PH	ASE II	PHASE	III Part I	PHAS	SENT UP	
Assessment	essment Theory Practical Theory Practical 1		Theory	Practical	Theory and		
		Woodstand	Parameter producerance (see				Practical
	Once at	Once at	Formative	Once at	Formativ	Once at the	The pattern
	the end	the end	Theory	the end of	e Theory	end of	of the
	of the	of the	assessment	the clinical	assessm	clinical	evaluation
	clinical	clinical	l and II in	posting for	ent III	posting for	shall be the
÷	posting	posting	Feb-March	each	and IV	each batch	same as the
	for	for each	and Aug-	batch	(sent up)		final prof
	each	batch	Sept,		in May-		exam
	batch		respectively	VIOLEN VAN MALAN	June and		(summative
	- vegana vegana		And According to	. Of Allenance and major	Nov-Dec,	:	assessment)
	7		V 49	A Year mada or other property was	respectiv		**************************************
	·		-	Applean of the State of the Sta	ely		Monthly Control of the Control of th
Tools for	MCQ:=	OSCE,	Written	1 Clinical	Written	2 clinical	A manuscript of the state of th
assessment	15	logbook	Exam I and	case,	Exam III	cases,	
-	marks		14	NRP,	(MM-50)	combination	
	-		(MM-50)	logbook	and IV	of observed	
	P. Commission				(sent up	and	
		· ·			exam	unobserved	
		TI TETERIALI, ALADAMA		2000	MM =	stations,	
		НАМаничения		Away pool of the control of the cont	100)	logbook	

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The results of IA will be displayed on the notice board within 1-2 weeks of the assessment taken. Universities shall guide the colleges in formulating policies for remedial measures for students who are either unable to score qualifying marks or have missed some assessments for any reason.

ELIGIBILITY CRITERIA TO APPEAR FOR THE FINAL EXAMINATIONS

- UG Students 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 Pediatrics to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect a different head of passing at the summative examination.
- UG Studentsmust have completed the required certifiable competencies for that phase of training and completed the logbook appropriate for that phase of training to be eligible for appearing at the final university examination of that subject

SENT UP AND SUMMATIVE ASSESSMENT

THEORY 100 marks -

Maximum Marks = 100

- I. MCQ- 20 marks
- II. Structured essay type question 20 marks
- III. Long answer question Two of 10 marks each (10 X 2=20)
- IV. Short answer questions Eight of 5 marks each (8 X5=40)

PRACTICAL 100 marks -

- 1. Two clinical case = 25 marks each (25X2=50) = 50 marks
- 2. Newborn Case = 10 marks
- 3. Four table vivas including NRP = 40 marks (10X4 = 40)

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12. Pr. Princet Kom Gathe

ANNEXURE - 3.



UNIVERSITY OF DELHI

UNDERGRADUATE LOGBOOK

DEPARTMENT OF PEDIATRICS

Name	•		PHOTO OF STUDENT
Reg. No. (Univ)	:		
Name of college	:	· . · · · · · · · · · · · · · · · · · ·	
Roll no	:		
Year of admission	n:		

This document includes the minimum basic requirements as per extantcompetencies/curriculum/regulations

on Graduate Medical Education, 2018.

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Name an	d design	nation						Head of Pe	ediatric Department			
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Principal/Dean of the College

Signature and Seal.

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GENERAL INSTRUCTIONS)

- 1. This logbook is a record of academic and other activities of the student in the Department of Pediatries.
- 2. Entries in the logbook reflect the activities undertaken by the student and certified by the faculty.
- 3. Reflections by students should demonstrate the learning that has taken place.

CLINICAL POSTING

Rotation	Phase	Duration (Weeks)	From	To	
Ist	Phase II		www.et.no.g. months with Wally age for the photocommon and an analysis and an analysis are no so to		
IInd	Phase III Part 1				
IIIrd	Phase III Part 2				

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TABLE OF CONTENTS

-S: No	Content	Page number
1	Competencies requiring certification	4-5
2	Competencies requiring documentation	6-8
3	Affective competencies requiring documentation	9
4	Certifiable procedural skills and other skills	10-11
5	Record of Clinical cases presented/attended Phase II	12
6	Record of Clinical cases presented/attended Phase III (Part 1)	· 13
7	Record of Clinical cases presented/attended Phase III (Part 2)	14
8	Clinical Field visits	15
9	Participation in departmental activities	16
10	Self-directed learning	17
11	Reflections of student	18

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COMPETENCIES REQUIRING CERTIFICATION

No	COMPETENCY	Date	Minimum no for certifiy	Decision of Teacher with initials: Complete (C) or repeat	Feedback Received Initials of Learner
PE14	Perform Anthropometric measurements, document in growth charts and interpret				
PE1.7	Perform Developmental assessment and interpret		3.55		Security (S.) And Control (S.) And Contr
PE7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques		3		
PE11.5	Calculate BMI, document in BMI chart and interpret		3.000		
PE 19.6	Assess patient for fitness for immunization and prescribe an age-appropriate immunization schedule		Section 1997 - Annual Control of the		
PE27.15	Assess airway and breathing: recognise signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting		3		
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate				
PE27.19	Check for signs of shock i.e. pulse, Blood pressure, CRT		3		

	Choose the type of fluid and calculate	The state of the s	3	Aleks III I. I. I. I. I. I. I. I. I. I. I. I.			
PF27.21	the fluid requirement in shock				Valuation consequence		
	Assess level of consciousness	İ	3	***************************************	etat alamikkin iyong inggan	Assertantes (Company)	Transferrance Commence of the
	&observe emergency treatment of a	a 1000000		Newspectal diseases			4-tal-fold-bennan
	child with convulsions/coma; Position						Accompany of the form of the control
	an unconscious child; Position a child		National Control				
PE27.22	with suspected trauma;	2002 ACTION COOK	The state of the s			echaptin .	***************************************
PE27.23	Assess for signs of severe dehydration		3				
	Perform and interpret Urine Dipstick	20 17 2 10 17 Personal supply	13		T. Commerce description	erineralis	
PE33.6	for Sugar	2.012.77.000	Provide State Control		Berlin er et er et en et en et		
	Identify deviations in growth and plan		22	apidis in the second	TO NOTE HAVE		
PE33.11	appropriate referral					10 Table 10	
PE34.6	Identify a BCG scar				Triproposite min	- TO THE PARTY OF	
PE34.7	Interpret a Mantoux test	5 5 6 2 4	13 1 1 1 1 1 1				

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COMPETENCIES REQUIRING DOCUMENTATION*

These can be integrated with the case presentations/ demonstrations/ seminars or may beundertaken as standalone activities.

Number	COMPETENCY	Initial of Teacher and date	Namber	COMPETENCY	Initial of Teacher and date
PE 9.7	Plan an appropriate diet in health and disease		PE12.17	Identify the clinical features of Vitamin B complex deficiency	
PE 10.4	Identify children with under natrition as per IMNCI criteria and plan		PE 12.18	Diagnose patients with Vitamin B complex deficiency and plan management	
PE 11.3	Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall.		PE 12.21	Identify the clinical features of Vitamin C deficiency	The state of the s
PE 12.3	Identify the clinical features of dietary deficiency / excess of Vitamin A	And the second s	PE 13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis	
PE 12.4	Diagnose patients with Vitamin A deficiency, classify and plan management.	Bankakiki Kalikakikaki Andrian Linna a papagga angga gangg	PE 16.2	Assess children < 2 months using IMNCI guidelines	
PE 12.8	Identify the clinical features of dietary deficiency of Vitamin D		PE 16.3	Assess children > 2 to 5 years using IMNCI guidelines and Stratify Risk.	
PE 12.9	Assess patients with Vitamin D deficiency, diagnose, classify and plan management		PE 21.14	Recognize common surgical conditions of the abdomen including acute abdomen	
PE 20.6	Explain the follow up care for neonates including breast feeding, temperature maintenance.		PE23.12	Interpret a chest X ray and recognize cardiomegaly	

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	immunization, importance of growth monitoring and red flags		
PE20.18	Identify and stratify risk in a sick neonate using IMNCI guidelines	PE21,9	Identify external markers for kidney disease,like failing to thrive,
			hypertension, pallor, anasarca
PE21.12	Interpret report of Plain X Ray of KUB	PE 30.20	Interpret and explain the findings in a CSF analysis.
PE 24.11	Apply the IMNCI guidelines in risk stratification of children with diarrheal dehydration and refer.	PE 31.11	Observe administration of nebulization
PE 24.13	Interpret RFT and electrolyte report	PE 32.2	Identify the clinical features of Down's Syndrome
PE 27.10	Observe the various methods of administering oxygen	PE 29.15	Preparation and interpretation of peripheral smear
PE 28.15	Stratify risk in children with stridor using IMNCI guidelines	PE 33.10	Recognize precocious and delayed puberty and need for referral



PROCEDURAL SKILLS REQUIRING CERTIFICATION (To be done in mannequins/simulated models)

No	A CONTRACTOR OF THE PROPERTY O	COMPETI	:NCY	Date	Min no	Decision of I	eacher with i	nitials:	Initials of	
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		to certify	Complete (C); Repeat (R)			Learner
PE24.15	Perform NG tube insertion in a manikin	2				
PE24.16	Perform IV cannulation in a model	3			-	
PE24.17	Perform Interosseous insertion model	2				İ
PE27.28	Provide BLS for children in manikin	3				1
	Neonatal resuscitation	[3			***************************************	<u> </u>
PE27.16	Demonstrate themethod of positioning of an infant & child toopen airway in a simulated environment	3	3.	The state of the s		Control of the Contro
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment	3.				The state of the s
PE27.22	Administer IV/per rectal Diazepam for a convulsing child in a simulated environment	3				

PROCEDURAL SKILLS REQUIRING DOCUMENTATION (To be done in mannequins/ simulated models)

No	COMPETENCY	Date	Initial of Teacher and date	Feedback Received Initials of Learner
PE 19.13	Demonstrate correct administration of different vaccines in a mannequin			
PE 29.17	Demonstrate bone marrow aspiration in a mannequin	***************************************		
	Demonstrate lumbar puncture in a mannequin		The state of the s	

AFFECTIVE COMPETENCIES REQUIRING DOCUMENTATION

	Number	Initial of Faculty and date	Initial of Teacher and date	Number	Initial of Faculty and date	Initial of Teacher and date
utendr	PE 2.3	Counselling a parent with failing to thrive child	:	PE 8.5	Counsel and educate mothers on the best practices in complementary feeding.	
	PE 3.4	Counsel a parent of a child with developmental delay		PE 10.5	Counsel parents of children with SAM and MAM.	
	PE 6.8	Respecting patient privacy and maintaining confidentiality while dealing with adolescents.		PE 19.7	Educate and counsel a patient for immunization.	
	PE 7.8	Educate mothers on antenatal breast care and prepare mothers for lactation.		PE 19.8	Demonstrate willingness to participate in the national and subnational immunization days	- -
	PE 7.9	Educate and counsel mothers for best practices in breast feeding.		PE 20.5	Counsel /educate mothers on the care of neonates.	TATE ANN Microsoft Annual Conference of Party Conference of the Co
-	PE 7.10	Respects patient privacy		PE 21.16	Counsel / educate a patient for referral appropriately	
ب	PE 7.11	Participate in Breast Feeding Week celebration		PE 22.2	Counsel a patient with chronic illness	

Number Competency Initial of teacher and date

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PE 23.18	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter.						
PE 26.13	Counsel and educate patients and their family appropriately on liver diseases						
PE 27.32	Counsel parents of dangerously ill / terminally ill child to break bad news	Counsel parents of dangerously ill / terminally ill child to break bad news					
PE 27.33	Obtain informed consent	**************************************					
PE 27.34	Willing to be a part of the ER team						
PE 27.35	Attends to emergency calls promptly						
PE 29.19	Counsel and educate patients about prevention and treatment of anemia.						
PE 32.5	Counsel parents regarding	44-400000000000000000000000000000000000					
Avon little and the l	1. Present child						
-	2. Risk in next pregnancy						
***************************************	(Down's Syndrome)	CONTRACTOR					
PE 32.10	Counsel parents regarding						
**************************************	1. Present child						
	2. Risk in next pregnancy	on the state of th					
	(Turner Syndrome)						

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RECORD OF CLINICAL CASES PRESENTED/ ATTENDED PHASE II

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RECORD OF CLINICAL CASES PRESENTED/ATTENDED PHASE III (Part I

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RECORD OF CLINICAL CASES PRESENTED/ ATTENDED PHASE III (Part 2)

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* At least two cases must be presented during the entire duration of Pediatrics posting

CLINIC/FIELD VISITS

Visits	Number	Competency	Date completed	
4 statement of the stat	2 C C C C C C C C C C C C C C C C C C C			
Immunization Clinic	PE 19.10			
	PE 19.11			
	PE 19.12			
	PE 19.14			
Other Clinics (Desirable)		The Control of the Co		
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	Student	
Participation in celebration and IEC activities like Breastfeeding	And the second s	
Week, National Newborn Week, World Immunization Week, World Tuberculosis Day, World Health Day, World Asthma Day,		
World Thalassemia Day	A CONTRACT C	
Participation in IAP/ Other Quiz		
Participation in ICMR STS/ Other Research Projects		
Research paper presented/ submitted/ published		
Participation in Seminars/Conferences &	AMERICAN SHEET OF THE STATE OF	
Role		
Other Activities	THE RESERVE OF THE PROPERTY OF	w homensus asidi seguring messes s
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SELF-DIRECTED LEARNING

Phase III (Part 1): 5 hours: Phase III (Part 2): 10 hours

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Topic	Methodology	Reflections
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REFLECTIONS OF THE STUDENT (Phase 2): To be filled in 10 lines

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FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

दिल्ली विश्वविद्यालय

MINUTES

A meeting of the Committee of Courses & Studies in the Department of Obst. & Gyane. was held on Tuesday, the 06th September, 2022 at 2:00 p.m. in the Committee Room, Faculty of Medical Sciences, 7th Floor, VPCI Building, University of Delhi, Delhi – 110007.

The following members were present:

1.	Dr. Abha Singh, Head, Deptt of Obstt. & Gynae, DU, C/o LHMC- Chairperson	n 🦠
2.	Dr. Amita Suneja, HOD, Deptt of Obstt. & Gynae., UCMS - Member	
3.	Dr. A.M. Rathore, HOD, Deptt of Obstt. & Gynae., MAMC - Member	- 1965 - 1960
4.	Dr. Reena Yadav, HOD, Deptt of Obstt. & Gynae., LHMC - Member	44, 999 390
5.	Dr. Niharika Dhiman, Deptt of Obstt. & Gynae., MAMC - Member	110
6.	Dr. Deepti Goswami, Deptt of Obstt. & Gynae., MAMC - Member	146.4
7.	Dr. Pikee Saxena, Deptt of Obstt. & Gynae., LHMC Member	v j
8.	Dr. Rashmi Malik, Deptt of Obstt. & Gynae., UCMS - Member	

The Committee considered and recommended the following:

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The meeting ended with a vote of thanks to the chair.

Prof. Abha Singh (Chairperson)

OBST. & GYNE.

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MBBS Curriculum

Department of Obstetrics & Gynaecology

Vision/Goal

The vision of the Department of Obstetrics & Gynaecology is to train the undergraduate medical student using educational program 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.

Overall Learning Objectives in Obstetrics & Gynaecology

Learning Objectives in Obstetrics:

The student must demonstrate ability to:

- 1. Provide peri-conceptional counselling & antenatal care.
- 2. Identify high-risk pregnancies and refer appropriately
- 3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings.
- 4. Prescribe drugs safely and appropriately in pregnancy and lactation
- 5. Diagnose complications of labor, institute primary care and refer in a timely
- 6. Perform early neonatal resuscitation
- 7. Provide postnatal care, including education in breast-feeding
- 8. Counsel and support couples in the correct choice of contraception,
- 9. Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient.
- 10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy(MTP), Pre-conception and Prenatal Diagnostic Techniques (PCPNDT Act) and other related Acts.

Learning Objectives in Gynaecology:

The student must demonstrate ability to:

- 1. Elicit a gynaecologic history, perform appropriate physical and pelvic examination and PAP smear in the primary care setting
- 2. Recognize, diagnose and manage common reproductive tract infections in the primary care setting.
- 3. Recognize and diagnose common genital cancers and refer themappropriately.

Competencies

There are 38 topics and 126 competencies in Obstetrics & Gynecology. Details of competencies with Specific Learning Objectives with learning domains (Cognition, Psychomotor, Communication affective attitudes) are enclosed in annexure 1.

The Care Con Klee

Curriculum will be delivered as per following schedule:

Table 1: Phase-II (Second Professional) Teaching Hours

	01033101101	and the state of the same	Cinnig nouts	12 5 11 14 1	and the same of the	
Subjects	hoctures (hours)	đΩ	all group cuming torthis/Semmuss leginted learning (hours)	Glintent Postings (hours) 4	Self: Directed Leanning thours	(Lota) (hours)
Esthelogy of The Telephone	\$0		138		12	230
Phartineologie	20	· ;	138	-	1 12	230
Microbiology	70		110	-	10	190
Community Medicine	20		.W.		10	(4)
Forensio Middline and Toxicology	315	. <u>t</u>	.70		3	5()
Aiment Subjects	75**	***************************************	*	27/1***		615
Attitude, Estros & Communication Media AERCOM			29	*	ß	37
Sports and extraorantoning activities	-	-	*	*	28	28
i ola j	•	***************************************		1	•	144()
7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	····	***************************************			

^{*} At least 3 hours of clinical instruction each week must be allotted to training in clinical and procedural skill

laboratories. Hours may be distributed weekly or as a block in each posting based on institutional logistics.

Friday).

^{** 25} hours each for Medicine, Surgery and Gynaecology & Obstetrics.

^{***}The clinical postings in the second professional shall be 15 hours per week (3 hrs per day from Monday to

Table	2:	Phase-III	(Third	Professional)	Part 1	Teachi
	diament Si	djeds Postavije je je	Teaching Hours	Tuterial V Seminars Antegraled Tenching (figure)	Self-Directed Learning (hours)	Total (hours)
General Med	licine		25	3.5	5	65
Севсты Бил	ct),	Sullandi isvatelili is	2.5	35		63
Observes at	d Gynce	ology	25	35	3	6.5
Pedatries :	- Electric	Baltigrafiya başı	20	30	5	55
Ontopaedic	Area before description	Special residuation of	1.5	30	.5	10
Formic Ak	diciné zic	l'Toxicolugy	2.5	15	5	75.
Community.	Medicina	A Grade Dual Chacu	រវា	(4)	5	105
Dennalalogy	dia.		20	3	5	30
Paythialry	THE PURI	graphic become	25	10	3	30
Remiratory N	(SI) AND SINGLE STATE	The subtraction of the subtracti	143	R	1 1	20
Otorbinolary	utajotà		23	40	3	70
Optinalmob	èV,	engenjuma aretica	30	60	10	1133 .
Haciodiagno	is and Ki	qiotherapy, and a sound	30	8	7	30
cloisedrank	1.74071100000000	e Serbinolijan gradu	×	10	2	20
Clinical Post	ngs*			· v	*	7.56
ARBULT FAR (ARTCUM)	ics & Co	umunication Modric		10	66	34
Taxal			303	-1/)]	66	1551

*The clinical postings in the third professional part I shall be 18 hours per week (3 hrs per day from Monday to Saturday).

Table 3: Phase-III (Third Professional) Part 2 Teaching Hours

Shijeta	Tracting Hours	Totarial/Seminars/ Integrated/Teaching Owners	Self - Directed Learning thours)	(Total? (Rours
Ceneral Atolicine and appearing the appearance	70	123	15	210
General Surgery, produce all differences of the control of	70	123	13	210
Distellines and Gynecology	70	125	15	210
Pedanks - The State of the Stat	20	35	10	6.5
()rihopardics	30	25	***************************************	50
Clinical Postings**, 12 in 18 22 18 25 18	A CONTRACTOR OF THE PROPERTY O	***************************************		792
Antique, Ethics & Communication Module 18.11 [ARTCOM]***	28)ė	3)
Mechanical and Sopranding of Statistics		***************************************	****	2(1)
Total (1940) (1) for each principle and the base of the control of	250	172	ы	1780

* 25% of allotted time of third professional shall be utilized for integrated learning with preand para- clinical subjects and shall be assessed during the clinical subjects examination. This allotted time will be utilized as integrated teaching by para-clinical subjects with clinical subjects (as Clinical Pathology, Clinical Pharmacology and Clinical Microbiology).

** The clinical postings in the third professional part II shall be 18 hours per week (3 hrs per day from Monday to Saturday).

*** Hours from clinical postings can also be used for AETCOM modules.

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Hours

Table 4: Clinical Postings

		Period of Falming in weeks							
ubjects		II MIGHS	an annis i	art HIMBIS Part II	Total necks				
leanus summer		r		hearing) 8. (7 maniar cinical	.1				
aperal Medicine		4	1	844	20				
egent Surgery (1985) Finding his court		4	4	8+4	20				
Interior acts mecology		1	1	¥ +7	20				
rédiantes		2		d	10				
Demonity Mediche		, J	ń	-	10				
Ornactedics - including Trasma		7	4	2	×				
Nerhinolacyngology		1	7	*	Ħ				
Opht almology		4	1	•	: 13				
Respiratory Medicine		1			2				
Psychiany (1) Section 1		*	2	*	1				
Radiodiagnosis'		2	*	*	2				
Dentalology, Veneroology & Laproty		2	2	2	б				
Dentisto & Anesthesia		-	2		2				
Causty		*	1 3		3				
		36	32	-\$8	126				

* In four of the eight weeks of electives, regular clinical postings shall be accommodated. Clinical postings may be adjusted within the time framework. Obstetrics & Gynecologyposting includes maternity training and family welfare (including Family Planning).

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. At least 20% of the teaching should be integrated.

The details of competencies to be covered in different phases are given in Annexure

Teaching Learning Methods

- > Didactic Lectures
 - Phase 2: 25 hrs
 - Phase 3 Part 1: 25 hrs
 - Phase 3 Part 2: 70 hours
- Small Group Teaching will Includetutorials, seminars, Skill Lab training
 - Phase 3 Part 1: 35 hrs
 - Phase 3 Part 2: 125 hours



Phase 2:

- 3 weeks clinical posting in the wards/OPD & OT (3hr per day for 5 days a
- 1 week posting in Family Planning (3hr per day for 5 days a week)

Phase 3 Part 1:

- 2 weeks clinical posting in the wards/OPD & OT 3hr per day for 6days a week)
- 2 weeks clinical posting in the Labour Room (3hr per day for 6days a week)

Phase 3 Part 2:

Total 12 weeks of clinical posting

- 2 weeks posting in Labour room
- 1 week posting in Family Planning
- 9 weeks clinical posting in the wards/OPD & OT

Students are encouraged to follow their patients in labour rooms in the evening to fulfil the certifiable competencies.

Self Directed Learning

Phase 3 Part 1: 05 hours Phase 3 part 2: 15 hours

Assessment

Attendance

- 1. Attendance of UG students should be 75% in theory and 80% in clinical posting for each phase (Phase II, III part 1 & 2) independently, as eligibility to appear for the examination.
- 2. Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination.

Formative Assessment:

Students will maintain log book for day to day activity, Log books (including required skill certifications) will be given grades in internal assessment. The records will be assessed for completeness, accuracy, authenticity and timely submission. (There should be separate marks for any creativity regarding reporting of observed cases).

Internal Assessment:

- 1. There will be one theory examination in Phase 2, One in Phase 3 part 1 and one in Phase 3 part 2. An end of posting clinical assessment (ward leaving) will be conducted for each clinical posting in each professional year. This will be conducted as viva-voce, OSCE, Long Obstetric case & Short Gynae case.
- 2. Assessment of Phase II-& III will be independent and contribute proportionally to final internal assessment.

1900

- 3. At the end of completion of course and before the university examination, sent up examination (both theory and practical) will be held as per university examination
- Log books (including required skill certifications) will be given grades in internal assessment. 10% marks in final internal assessment will be contributed by Log book
- 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 order to be eligible for appearing at the final University examination.
- 6. Internal assessment marks will reflect as a separate head of passing at the summative
- 7. The results of the internal assessment will be displayed on the notice board within 1-2
- 8. The remedial measures will be taken for students who are either not able to score qualifying marks or have missed on some assessments due to any reasons.
- 9. There is one certifiable competency in the Obstetrics & Gynaecology. Learners must have completed the certifiable competencyin Phase 3 of training and completed the log book appropriately to be eligible for appearing at the final university examination.
- 10. A learner will be allowed to appear in final part II exam when he / she completed

Table 5: Distribution of internal assessment marks across phases

	A vaa priases
Theory	Practical/ Clinical
	20
	40
60	60
20	60
200	20
	Theory 20 40 60 60 20

Pare

Summative Assessment (University examination)

University examinations will 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 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.

As OBGY has two sets of papers, so 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.

Practical/clinical examinations will be conducted in the 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 will have common conditions that the learner may encounter as a physician of first contact in the community.

Emphasis will 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 will be designed to 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, NST / CTG, etc.

There will be one main examination in an academic year and a supplementary will be held in 90 days after the declaration of the results of the main examination.

A learner will not be entitled to graduate after 10 years of his/her joining of the first part of the MBBS course.

University Examinations will be held in Third Professional Part 2 (Final exam). Marks distribution is explained in the following table (Table 2) for all the subject

Table 6: University Examination Marks for OBGY

Phase of Course	Written Theory – Total	Practical / Orals Clinicals	
Third Professional Part	- (f : 10)		internal Assessment:
			50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations
bstetrics ynaecology - 2 papers ²	00 ⁸	200	
			University Examination
en en en en en en en en en en en en en e	and a sep	t	Mandatory 50% marks separately in

Criteria for passing in a subject:

A candidate should obtain 50% marks in University conducted examination separately in Theory and Practical (practical includes: practical/ clinical and viva voce) in order to be

Suggested Reading:

- Holland & Brews Manual of Obstetrics. 4th Edition (2016). Publisher: Elsevier
- DC Dutta's Textbook of Obstetrics 9th Edition (2017). Author HiralalKonar. Publisher:
- Howkins & Bourne Shaw's Textbook Of Gynaecology 17th Edition. Publisher: Elsevier
- DC Dutta's Textbook of Gynaecology 8th Edition (2020). Author HiralalKonar. Publisher: Jaypee Brothers Medical Publishers

Reference Books

Williams Obstetrics, 26th Edition (2022). Publisher: McGraw-Hill Education

Berek& Novak's Gynecology SAE (2021). Publisher: Wolters Kluwer

OBGY Competencies with Specific Learning Objectives

	T	Obd i competencies with specific rearring objectives	1	_		1			1	
MBBS Phase	NUMBER	COMPETENCY	DOMAIN	LEVEL	Core	SUGGESTED TEACHING LEARNING	SUGGESTED ASSESSMENT METHOD	No for certificati on	Vertical Integration	Horizo tal Integra
		Topic: Demographic and Vital Statistics Number of competencies: (03)	Number	of pro	cedur	es that require certifi	cation: (NIL)			
	OG1.1	Define and discuss birth rate, maternal mortality and morbidity	K	KH	Y	Lecture,small group discussion	short notes	Cor	nmunity medi	cine
	OG1.1a	Define birth rate, maternal mortality rate and morbidity including Near Miss Mortality	V	K	Y	Lactura	written			
	OG1.1a	Enumerate factors affecting birth rate	K V	K	Y	Lecture Lecture	written			
Phase 2	OG1.10	Enumerate various factors contributing to maternal mortality	K	K	Y	Lecture	written			
	OG1.1d		K		Y					
Dl 2 D 2		Define Near Miss Mortality and criteria for defining near miss	K V	K	Y	Lecture	written			
Phase 3, Part 2	OG1.1e	Discuss various steps to decrease maternal morbidity and mortality	K	K	Y	Small Group Discussion	Written/ viva			
	OG1.2	Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and	K	КН	Y	Lecture, small group discussions	short notes	Com	munity medic	ine
Phase 2	OG1.2a	Define perinatal death, neonatal death, perinatal mortality rate, neonatal mortality rate	K	K	Y	Lecture	Short notes			
Phase 3. part 2	OG1.2b	Classify perinatal mortality	K	K	Y	Lecture	Short notes			
Phase 3. part 2	OG1.2c	Discuss methods to reduce perinatal and neonatal mortality	K	K	Y	Lecture	Short notes			
	0G1.3	Define and discuss stillbirth and abortion	K	КН	Y	Lecture, small group discussions	short notes	Forensic N	Medicine & To	oxicolog
phase 3, part 1	OG1.3a	Define stillbirth	k	k	у	SGD	Short notes			
phase 3, part 1	OG1.3b	Classifiy stillbirth	K	K	Y	Lecture	Shiort notes			
phase 3, part 1	OG1.3c	Evaluate the cause of still birth	K	KH	Y	Lectture	Short notes		pathology	
phase -3, part 2	OG1.3d	Manage a pregnancy following still birth	K	K	Y	Lecture	Short notes			
phase 2	OG1.3e	Define abortion	K	K	Y	Lecture	Short notes			
phase 3, part 1	OG1.3f	Discuss the types of abortions	K	K	Y	Lecture	Short notes			
								Forei	nsic Medicir	ie &
phase 3, part 2	OG1.3g	Discuss causes of recurrent abortion.	K	KH	V	Lecture	Long answer		Toxicology	
phase 3, part 2	OG 1.3h	Describe workup and management of recurrent abortion	K	KH	Y	SGD	Long answer			
		Topic: Anatomy of the female reproductive tract (Basic anatomy and embryology) Number of	f competen	cies:(01)		Number of procedures th	at require certification	ı :(nil) 		
Phase 2	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	КН	Y	Lecture, small group discussion	Theory/skill station	Н	uman Anaton	ny
Dlagge 2	002.1	Discussion and male shall denote the CC of the Color of t	17	17		Τ /	771-			
Phase 2 Phase 2	OG2.1a OG2.1b	Discuss the embryological development of female genital tract Describe the normal anatomy of female genital tract	K	K K		Lecture Lecture	Theory Theory			
		, , , ,					•			
Phase 2 Phase 2	OG2.1c	Explain the relationship of reproductive organs with other pelvic organs	K	KH KH		Lecture	Theory			
	OG2.1a	Enumerate common developmental defects encountered in obstetric and gynecology	A V	KH		Lecture	Theory			
Phase 2		Discuss supports of uterus and discuss their respective roles in preventing prolapse	IV			Lecture	Theory			
Phase 2	OG2.1f	Discuss the applied anatomy of the female reproductive organs	K	KH		Lecture	theory			
		Topic: Physiology of conception Number of competencies :(01) Number	r of proce	edures t	hat re	equire certification: (1	NIL)			
Phase 2	OG3.1	Describe the physiology of ovulation, menstruation, fertilization, implantation and gametogenesis.	K	K	Y	Lecture/ Seminar	Theory		Human Anato	my

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Phase 2	OG3.1a	Describe the process of Folliculogenesis, ovulation	K	K		Lecture	Theory		
Phase 2	OG3.1a	Describe the process of Policulogenesis, Ovulation Describe the formation and function of corpus luteum	K	KH		Lecture	Theory		
Phase 2	OG3.10	Describe the physiology of Menstruation Describe the physiology of Menstruation	K	KH		Lecture	Theory		
Phase 2	OG3.1d	Discuss the changes in uterine endometrium during menstrual cycle and correlation with the ovarian cycle	K	KH		Lecture	Theory		
Phase 2	OG3.1a	Enumerate the hypothalamic, pituitary and ovarian hormones invloved in menstrual cycle, their secretion during n		K		Lecture	Theory		
Phase 2		Discuss Hypothalamo pituitary and ovarian axis and hormonal changes regulating menstrual cycle	K	KH		Lecture	Theory		
Phase 2		Describe the physiology of fertilization	K	KH		Lecture	Theory		
Phase 2	OG3.1g	Describe the physiology of implantation	K	KH		Lecture	Theory		
Phase 2	OG3.1ii	Describe the physiology of implantation Describe male and female gametogenesis	K	KH		Lecture	Theory		
Thase 2	003.11	Describe male and lemale gametogenesis	IX	KH		Lecture	Theory		
	+	Topic: Development of the fetus and the placenta Number of competencies: (01)	N ₁ .	ımbar a	f pro	cedures that require	cortification (NII)		
		Topic. Development of the fetus and the placenta Number of competencies.(01)) 110		1 prod	that require	cerunication.(NIL)		
Phase 2	OG4.1	Describe and discuss the basic embryology of fetus, factors influencing fetal growth and developme	K	K	Y	ture, small group discus	Theory	Human Anatomy	y
Phase 2	OG4.1a	Describe the anatomy of placenta	K	K		Lecture	Theory		
Phase 2	OG4.1b	Describe the development of placenta	K	K		Lecture	Theory		
Phase 2	OG4.1c	Describe the various functions of placenta	K	K		Lecture	Theory		
Phase 2		Describe the embryological development of fetus	K	K		Lecture	Theory		
Phase 2	OG4.1e	Discuss the factors contributing to fetal growth & development	K	K		Lecture	Theory		
Phase 2	OG4.1f	Describe teratogenesis	K	K		Lecture	Theory		
Phase 2	OG4.1g	Illustrate the role of various teratogens in fetal anomalies	K	K		Lecture	Theory		
					<u> </u>				
		Topic: Preconception counselling Number of competencies: (02) Number of	of proced	ures tha	at req	uire certification:(N	IL)		
	OG5.1	Describe, discuss and identify pre existing medical disorders and discuss their management, discuss	K/S	SH	V	Lecture bedside clinics	s heory/clinical assessment		
phase 3, part 2	003.1	evidence based intrapartum care	IX/D		•	Dectare, beasing chines	siteory/entitedral discissment		
phase 3 part 2	_	Define periconceptional counselling	K	K	Y	Lecture	Theory		
phase 3 part 2	OG 5.1b	Enumerate the preexisting medical conditions for preconceptional counselling	k	K	У	Lecture	Theory		
phase 3 part 2		Discuss the optimum preconceptional counselling for medical disorders.	K	K	У	Lecture	Theory		
phase 3 part 2		Demonstrate preconceptional counselling in simulation	S	SH	Y	Bed side clinics	clinical assessment		
phase 3 part 2	OG 5.1 e	Discuss the timing of delivery and intrapartum management of each medical condition	K	K	У	Lecture	Theory		
	OG5.2	Determine maternal high risk factors and verify immunisation status	K/S	SH	Y	Lecture, bedside clinics	s heory/ clinical assessment		
phase 3 part 2	OG 5 2a	Evaluate medical, surgical, psychiatric, family and personal history for identification of high risk factor	S	SH	Y	bedside clinics	clinical assessment		
phase 3 part 2		Demonstrate identification of maternal high risk factors in periconceptional counselling in simulation	K	SH	Y	bedside clinics	clinical assessment		
phase3- part 2	_	Enumerate the vaccinations required prior to pregnancy and their schedule	K	K	Y	Lecture	clinical assessment		
phases- part 2	00 3.20	Enumerate the vaccinations required prior to pregnancy and their schedule	K	IX	1	Decture	cilifical assessment		
	1								
				!	<u> </u>	<u> </u>			
		Topic: Diagnosis of pregnancy Number of competencies: (01) Numb	er of pro	cedures	that	require certification:	:(NIL)		
									_
Phase 2	OG6.1	Describe, discuss and demonstrate clinical features of pregnancy, derive and discuss its differential	S	SH	Y	Lecture, small group	Theory/ clinical		
1 11asc 2	000.1	diagnosis, elaborate principles underlying and interpret pregnancy tests	, o	311	1	discussions, bedside	assessment/ viva voce		
Phase 2	OG6.1a	Define the duration of normal pregnancy and different trimester of pregnancy	K	K		DOAP	viva		
Phase 2	OG6.1b	Describe symptoms of pregnancy in three trimesters	K/S	K/KH		DOAP/BEDSIDE	viva/CA		
	0001	Enumerate various signs of first, second and third trimester of pregnancy	K/S	K/KH		DOAP/BEDSIDE	viva/CA		
Phase 2	cOG6.1	Enumerate various signs of first, second and third trinester of pregnancy	11/10	13/1311		DOI II / BEBSIDE	11100 011		
Phase 2 Phase 2	OG6.1d	Demonstrate history taking and examination of patient to diagnose pregnancy Discuss the differential diagnosis of pregnancy	K	K		DOAP	viva		

Phase 2	OG6.1f	Enumerate the diagnostic tests for detection and diagnosis of pregnancy as per period of gestation	K	K		DOAP	viva		I
Phase 2		Explain the principles underlying pregnancy tests	IX	IX		DOM	viva		
Thase 2	000.12	Explain the principles underlying pregnancy tests							
		Topic: Maternal changes in pregnancy Number of competencies: (01) Number	of proce	dures t	hat re	quire certification:(NII	L)		
Phase 2	OG7.1	Describe and discuss changes in genital tract, cardiovascular system, respiratory, hematology, renal	K	KH	Y	LECTURE,SEMINARS	Theory	Physiology	
							-	, ,	
Phase 2	OG7.1a	Describe the changes occuring in genital tract and breast in pregnancy	K	K		Lecture	Theory		
Phase 2	OG7.1b	Describe the changes occuring in cardiovascular system in pregnancy and differentiate it from CVS pathology	K	KH		Lecture	Theory		
Phase 2	OG7.1c	Describe the changes in respiratory system in pregnancy	K	KH		Lecture	Theory		
Phase 2	OG7.1d	Ennumerate changes in haematological parameters in pregnancy	K	KH		Lecture	Theory		
Phase 2	OG7.1e	Discuss changes in renal system in pregnancy	K	KH		Lecture	Theory		
Phase 2	OG7.1f	Describe changes in gastrointestinal system in pregnancy and its correlation with common complaints during preg	K	KH		Lecture	Theory		
Phase 2	OG7.1g	Differentiate physiological systemic changes of pregnancy from pathological changes	K	KH		Lecture	Theory		
		Topic: Antenatal care Number of competencies: (8) Number of							
DI 2		Enumerate, describe and discuss the objectives of antenatal care, assessment of period of			* 7	Small group discussions, w	vritten/viva voce/skill	0 1 1/1	
Phase 2	OG8.1	gestation, screening for high risk factors	K	KH	Y	bedside clinics, lecture	assessment	Community Med	ıcıne
Phase 2	OG8.1a	Enumerate the objectives of antenatal care	K	KH		Lecture	written/ viva		
Phase 2	OG8.1b	Enumerate the components of antenatal care	K	KH		Lecture/ Sman group	written/ viva		
Phase 2	OG8.1c	Discuss the objectives of antenatal care	K	KH		Lectule Sindingroup	written/ viva		
Phase 2	OG8.1d	Demonstrate the calculation of period of gestation of an antenatal women through history, obstetric examination	K	SH		Sman group aiscussion/	Skill assessment		
Phase 2	OG8.1e	Discuss screening for high risk factors in pregnancy	K	KH		Lecture Snidh group	written/ viva		
		Elicit, document and present an obstetric history including menstrual history, previous obstetric history, co-				Cmall group discussion w	ritten/ viva voce/ skill		
	OG8.2	morbid conditions, past medical history and surgical history	K/S	SH	Y	Small group discussion, w bedside clinics, lecture	assessment		
phase 2	OG8.2a	Demonstrate how to write Obstetric formula ,caluclate LMP , EDD,POG	S	SH	V	DOAP session	Skill assessment		
phase 2	OG 8.2b	Discuss the trimester wise history	K	SH	V	DOAP	Viva VOCE		
phase 2 phse 3 part1	OG 8.2c	Present obstetric history, past history and personal history including calculation of calories and protein		SH	V	DOAP session	Viva Voce		
phase3 part1	_	Perform obstetric history taking with past and family history taking	K	SH	Y	Bed side cinics	skill assessment		
priusee purer	0 0 0.2 0	The street is the street of th		211		Dod bloo office			
		Describe, demonstrate, document and perform an obstetrical examination including general and abdominal				Bedside clinic, DOAP			
	OG8.3	examination and clinical monitoring of maternal and fetal well being.	K/S	SH	Y	session	skill assessment		
		examination and clinical monitoring of maternal and letal well being.				Session			
phase 2	OG8.3a	Perform general physical ,systemic examination on a pregnant woman/simulation.	S	SH	Y	DOAP	skill assessment		
phase 2	OG8.3b	Perform all obstetric grips	S	SH	Y	DOAP	skill assessment		
phase 2		Evaluate maternal conditon by takiing pulse, blood pressure, pallor, Discharge pervaginum, pedal oeder		SH	Y	DOAP	Skill assessment		
phase 2	OG8.3d	Ausculate FHS	S	SH	Y	DOAP	skill assessment		
						D I I I I DOAD			
	000.4	Describe and demonstrate the clinical monitoring of maternal and fetal well being.	K/S	SH	Y	Bedside clinic, DOAP, kil	ll assessment/viva voce		
_	OG8.4								
<u> </u>	OG8.4					small group discussion			
nhaca 2 nart?				СП	***		Skill assassment		
phase 3 part2	OG8.4a	Demonstrate how to take BP, Pulse Rate, Resp Rate, Temp, pallor, Discharge pervaginum, pedal oedem	S	SH	y	DOAP session	Skill assessment		
phase 3 part2	OG8.4a OG8.4b	Demonstrate how to take BP, Pulse Rate, Resp Rate, Temp, pallor, Discharge pervaginum, pedal oedem Measure weight, height, BMI, Urine alb/sugar	S S	SH	y y	DOAP session DOAP session	Skill assessment		
phase 3 part2 phase 3 part1	OG8.4a OG8.4b OG8.4c	Demonstrate how to take BP, Pulse Rate, Resp Rate, Temp, pallor, Discharge pervaginum, pedal oedem Measure weight, height, BMI, Urine alb/sugar Show how to counsel for DFMC	S S S	SH SH	y y y	DOAP session DOAP session DOAP session	Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1	OG8.4a OG8.4b OG8.4c OG8.4d	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings	S S S K/S	SH SH SH	y y y Y	DOAP session DOAP session DOAP session DOAP	Skill assessment Skill assessment Skill assessment		
phase 3 part2 phase 3 part1	OG8.4a OG8.4b OG8.4c	Demonstrate how to take BP, Pulse Rate, Resp Rate, Temp, pallor, Discharge pervaginum, pedal oedem Measure weight, height, BMI, Urine alb/sugar Show how to counsel for DFMC	S S S	SH SH	y y y Y Y	DOAP session DOAP session DOAP session	Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1	OG8.4a OG8.4b OG8.4c OG8.4d	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings	S S S K/S	SH SH SH	y y y Y Y	DOAP session DOAP session DOAP session DOAP	Skill assessment Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1	OG8.4a OG8.4b OG8.4c OG8.4d OG 8.4 e	Demonstrate how to take BP, Pulse Rate, Resp Rate, Temp, pallor, Discharge pervaginum, pedal oedem Measure weight, height, BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings Perform NST	S S S K/S S	SH SH SH SH	y y y Y Y	DOAP session DOAP session DOAP session DOAP DOAP	Skill assessment Skill assessment Skill assessment skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1	OG8.4a OG8.4b OG8.4c OG8.4d	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings	S S S K/S	SH SH SH	Y	DOAP session DOAP session DOAP session DOAP	Skill assessment Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1 phase 3 part2	OG8.4a OG8.4b OG8.4c OG8.4d OG 8.4 e	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings Perform NST Describe and demonstrate pelvic assessment in a model	S S S K/S S	SH SH SH SH	Y	DOAP session DOAP session DOAP DOAP DOAP DOAP DOAP	Skill assessment Skill assessment Skill assessment skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1 phase 3 part2 Phase 3 part2	OG8.4a OG8.4b OG8.4c OG8.4d OG 8.4 e OG8.5	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oeder Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings Perform NST Describe and demonstrate pelvic assessment in a model Demonstrate the bony landmarks of theboundary of true pelvis	S S S K/S S	SH SH SH SH	Y Y Y Y	DOAP session DOAP session DOAP DOAP DOAP DOAP Lecture	Skill assessment Skill assessment Skill assessment skill assessment Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1 phase 3 part2 Phase 3 part2 Phase 2 Phase 2	OG8.4a OG8.4b OG8.4c OG8.4d OG 8.4 e OG8.5 OG8.5	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings Perform NST Describe and demonstrate pelvic assessment in a model Demonstrate the bony landmarks of theboundary of true pelvis Describe the obstetric significance of the plane of least pelvic dimensions	S S S K/S S	SH SH SH SH SH SH SH	Y Y Y Y Y	DOAP session DOAP session DOAP DOAP DOAP DOAP Lecture Lecture	Skill assessment Skill assessment Skill assessment skill assessment Skill assessment Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1 phase 3 part2 Phase 3 part2 Phase 2 Phase 2 Phase 2 Phase 3, part 1	OG8.4a OG8.4b OG8.4c OG8.4d OG 8.4 e OG8.5 OG8.5.a OG8.5.b OG8.5.c	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings Perform NST Describe and demonstrate pelvic assessment in a model Demonstrate the bony landmarks of theboundary of true pelvis Describe the obstetric significance of the plane of least pelvic dimensions Demonstrate the assessment of diagonal conjugate on the bony pelvis	S S S K/S S S S S	SH SH SH SH SH SH SH SH SH	Y Y Y Y Y Y Y	DOAP session DOAP session DOAP session DOAP DOAP DOAP Lecture Lecture DOAP	Skill assessment Skill assessment Skill assessment skill assessment Skill assessment Skill assessment Skill assessment Skill assessment Skill assessment		
phase 3 part2 phase 3 part1 phase 3 part1 phase 3 part2 Phase 3 part2 Phase 2 Phase 2	OG8.4a OG8.4b OG8.4c OG8.4d OG 8.4 e OG8.5 OG8.5.a OG8.5.b OG8.5.c OG8.5.d	Demonstrate how to take BP, Pulse Rate , Resp Rate ,Temp,pallor, Discharge pervaginum, pedal oedem Measure weight, height,BMI, Urine alb/sugar Show how to counsel for DFMC Show how to examine the CVS and RS and intepret normal and abnormal findings Perform NST Describe and demonstrate pelvic assessment in a model Demonstrate the bony landmarks of theboundary of true pelvis Describe the obstetric significance of the plane of least pelvic dimensions	S S S K/S S	SH SH SH SH SH SH SH	Y Y Y Y Y	DOAP session DOAP session DOAP DOAP DOAP DOAP Lecture Lecture	Skill assessment Skill assessment Skill assessment skill assessment Skill assessment Skill assessment Skill assessment		

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Phase 2	OG8.6	Assess and counsel the patient in a stimulated environment regarding appropriate nutrition in pregnancy	K/S	SH	Y	DOAP session, bedside clinic	Skill assessment		
Phase 2	OG8.6a	Describe nutritional requirement in normal low risk pregnancy	K	KH	Y	Lecture	written/ viva		
Phase 2	OG8.6b	Assessment of nutritional deficiencies in pregnant women	S	SH	Y	Lecture/Sinian group			
Phase 2	OG8.6c	Discuss corelation of nutrional deficiencies and adverse pregnancy outcome	K	KH	Y	diamaian	Skill Assessment		<u> </u>
Phase 2	OG8.6d	Make a dietary plan for a low risk pregnant women	S	SH	Y	Bed side clinics	Skill Assessment		
Phase 2	OG8.6e	Counsel the low risk pregnant women for appropriate nutrition	S	SH		OAP session, bedside clin			
Phase 2	OG8.6f	Take & document dietary history of a pregnant women	S	SH	Y	OAP session, bedside clin	Skill Assessment		<u> </u>
Phase 2	OG8.7	Enumerate the indications for and types of vaccination n pregnancy.	K	KH	Y	Lecture, small group	written/viva voce		
Phase 2	OG8.7a	Enumerate the indications for vaccination in pregnancy	K	KH		Lecture	Theory		
Phase 2	OG8.7b	Enumerate the types and routes of vaccines	K	KH		Sman group	Theory		
Phase 2	OG8.7c	Enumerate vaccines contraindicated in pregnancy	K	KH		Lecture 75margroup	Theory/ Viva voce		
Phase 2	OG8.8	Enumerate the indications and describe the investigations including the use of ultrasound in the initial assessment and monitoring in pregnancy	K	КН	Y	Lecture, small group discussion	Written/viva voce		
Phase 2	OG8.8a	Enumerate the investigations to be done at the first visit in pregnancy	K	KH		Lecture	Theory		
Phase 2	OG8.8b	Describe all the antenatal investigations their technique and normal values	K	KH		Lecture	Theory		
Phase 2	OG8.8c	Enumerate the indications of antenatal investigations in all trimesters of pregnancy.	K	KH		Lecture	Theory/ viva voce		
Phase 2	OG8.8d	Describe the indications for use of ultrasound in pregnancy	K	KH		Small group discussion	Theory/ Viva voce		
Phase 2	OG8.8e	Describe various features of pregnancy in ultrasound and tests for monitoring of early pregnancy	K	KH		Small group discussion	Theory		
riiase 2	000.86	Describe various leatures of pregnancy in dicrasound and tests for monitoring of early pregnancy	K	KH		diamaian	Theory		
		Topic: Complications in early pregnancy Number of competencies:(05)	Numbe	r of pro	cedur	e require certification	n:(NIL)		
									1
Phase 2	OG9.1	Classify, define and discuss the aetiology and management of abortions including threatened, incomplete, inevitable, missed and septic.	K	KH	Y	ture, small group discus	written/viva voce		
Phase 2	OG9.1a	Classify and define various type of abortion	K	KH		Lecture	Theory		
Phase 2	OG9.1b	Enumerate the causes of first and second trimester abortions (maternal and fetal factors). Also define recurrant mi	K	КН		Lecture, /Small group discussion	Theory/ Viva voce		
Phase 2	OG9.1c	Discuss the aetiology of abortions(threatened, incomplete, inevitable, missed and septic	K	KH		Lecture, /Sman group	Theory/ Viva voce		
Phase 2	OG9.1d	Describe the management of abortions(threatened, incomplete, inevitable, missed and septic)	K	KH		Lecture; 73minrgroup	Theory/ Viva voce		
Phase 2	OG9.1e	Enumerate various complications related to abortions and also post abortal care	K	KH		Lecture; 73miargroup	Theory/ Viva voce		
Thuse 2	007.10	The state of the s				diamarian	Theory, true toes		
	OG9.2	Describe the steps and observe/ assist in the performance of an MTP evacuation.	S	SH	Y	DOAP session, bedside	viva voce	Forensic Medici	ne
DI 2 11	0.00.2		T7	7777	*7	1 1 1 1 1 1	X 7'		
Phase 3-part1	OG9.2.a	Describe the steps of MTP evacuation.	K	KH	Y	bedside clinic	Viva voce		
Phase 3-part1	OG9.2.b	Enumerate the risks and complications of MTP evacuation.	K	KH	Y	bedside clinic	Viva voce		
Phase 3, part 2	OG9.2.c	Obtain informed consent before doing MTP evacuation.	S	SH	Y	DOAP	VIVA VOCE		<u> </u>
Phase 3, part 2	OG9.2.d	Discuss the methods available for preabortion cerival dilatation	K	KH	Y	Bedside clinic	VIVA VOCE		
Phase 3, part 2	OG9.2.e	Observe 5 MTP evacuation procedures	S	SH	Y	DOAP session	VIVA VOCE		
Phase 3, part 2	OG9.2.f	Assist in 2 MTP Procedures	S	KH/SH	Y	DOAP session	VIVA VOCE		
Phase 3, part 2	OG9.2.g	List the follow up advise at the time of discharge.	S	SH	Y	Bedside clinic	VIVA VOCE		
	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	КН	Y	ture, small group discus	Written/viva voce		
71 - 2	0.50.5								
Phase 2	OG9.3a	Enumerate the symptoms and signs of ectopic pregnancy and its initial assessment.	K	KH	Y	Lecture	Theory		
Phase 2	OG9.3b	Diagnosis of viable intrauterine pregnancy and ectopic pregnancy	K	KH	Y	Lecture	Theory		
Phase 2	OG9.3c	Discuss the differentials of acute abdomen in pregnancy	K	KH	Y	Lecture	Theory		
Phase 2	OG9.3d	Enumerate causes and sites of ectopic pregnancys	K	KH	Y	Lecture Lecture. Sman group	Theory/viva voce		
Phase 3, part 1	OG9.3e	Describe the management of ectopic pregnancy(expectant/medical/surgical) and also follow up	K	KH	Y	diamaion	Theory/viva voce		

		1		1						
	OG9.4	Discuss the clinical features, laboratory investigations,ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms	K	КН	Y	Lecture, Small group discussion	Written/Viva voce		Ra	diodiagno
Phase 3, part 1	OG9.4.a	Describe the clinical presentation of a case of gestational trophoblastic neoplasia (GTN)	K	KH	Y	Lecture	written			
Phase 3, part 1	OG9.4.b	Discuss the diagnostic work up of a woman with suspected GTN	K	KH	Y	Small group discussion	Written			
Phase 3, part 1	OG9.4.c	Discuss the differential diagnosis of a woman with GTN	K	KH	Y	Small group discussion	Written			
Phase 3-part 2	OG9.4.d	Describe the risk scoring for GTD	K	KH	Y	Small group discussion	Viva voce			
Phase 3, part 2	OG9.4.e	Deacribe the principles of management of GTN	K	KH	Y	Small group discussion	Written			
Phase 3, part 2	OG9.4.f	Discuss the follow up protocol for GTN	K	KH	Y	Small group discussion	Written			
	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			
Phase 3-part 1	OG9.5.a	Describe the etiopathology of hyperemesis gravidarum (HG)	K	KH	Y	lecture	written			
Phase 3-part 1	OG9.5.b	Discuss the fetomaternal complications of hyperemesis gravidarum	K	KH	Y	lecture	written			
Phase 3, part 1	OG9.5.c	Describe the clinical features and important parameters to be monitored in a woman with HG	K	KH	Y	lecture	written			
Phase 3, part 1	OG9.5.d	Describe the principles of magement of HG	K	KH	Y	lecture	written			
		Topic: Antepartun haemorrhage Number of competencies: (02)	<u> </u>	N	umbe	r of procedure requin	e 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 discussion, Bedside clinics				
Phase 3-part1	OG10.1.a	Define and classify the aetiology of antepartum haemorrhage in pregnancy	K	KH	Y	Lecture	written			
Phase 3-part1	OG10.1.b	Discuss the clinical features and management of placenta previa	K	KH	Y	Lecture,	written			
Phase 3part1	OG10.1.c	Discuss the clinical features and management of abruptio placentae	K	KH	Y	Lecture,	written			
Phase 3-part1	OG10.1.d	Enumerate the fetomaternal risks and complications of APH	K	KH	Y	SGD	viva voce			
Phase 3, part 1	OG10.1.e	Discuss the workup of a woman with APH	K	KH	Y	Bedside clinics	vivavoce			
Phase 3, part 1	OG10.1.f	Describe the management protocol of a woman with APH	K	KH	Y	Bedside clinics	vivavoce			
	OG10.2	Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management.	K	КН	Y	Lecture, Small group discussion			Pathology	
Phase 3, Part2	OG10.2 a	Describe the classification of haemorrrhagic shock	K	KH	Y	lecture	written			<u> </u>
Phase 3, Part1		Enumerate the steps to be taken before starting a blood transfusion	K	KH	Y	SGD	viva voce			
Phase 3, Part1		Discuss clinical features of a blood transfusion reaction	K	KH	Y	SGD	viva voce			
Phase 3, Part2		Describe the diagnostic work up of a woman with suspected blood transfusion reaction	K	KH	Y	SGD	written			
Phase 3, part 2		List the risks and complications of a blood transfusion reaction	K	KH	Y	SGD	viva voce			
Phase 3, part 2		Describe the management of a blood transfusion reaction	K	KH	Y	Lecture	written			
		Topic: Multiple pregnancies Number of competencies: (01)	Number	of proc	edure	e require certification	:(NIL)			
	OG11.1	Describe the etiopathology, clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies	K	КН	y	Lecture, Small group discussion, Bedside clinics	Theory/Clinical assessment/ Viva voce/OSCE			
Phase 3, Part2		Describe the etiopathology of multiple pregnancies	K	KH	Y	lecture	nical assessment/ Viva voc	e/OSCE		
Phase 3, Part2			K	KH	Y	SGD	Clinical assessment			
Phase 3, Part2		Enumerate the investigations for multiple pregnancies	k	KH	Y	Bed side clinics	Clinical assessment			
Phase 3, Part2		Discuss the ultrasonic features of twin pregnancy and how will you determine the zygosity	K	KH	Y	Lecture	written			
Phase 3, Part2			K	KH	Y	Bed side clinics	viva voce			<u> </u>
Phase 3, Part2		Discuss the important principles for antenatal management of a twin pregnancy	K	KH	Y	Lecture	Theory			
Phase 3, Part2	OG11.1g	Discuss the intrapartum management and complications of twin pregnancy	K	KH	Y	SGD	viva voce			<u></u>

Phase 3, part 2	OG11.1h	Describe the complications of monochorionic twin	K	KH	Y	Lecture	nical assessment/ Viva voce/OSCI	Ε	
		Topic: Medical Disorders in pregnancy Number of competencies:(08)		Numb	er of 1	procedure require cei	rtification:(NIL)		
		Topics Wedicar Disorders in pregnancy Transper of competences.(00)							
	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/Clinical assessment/Viva voce	Gene	eral Medi
Phase 3/part 1		Define and classify hypertensive disorders in pregnancy.	K	KH	Y	Lecture	written		
phase3-part1		List aetiopathogenesis of hypertensive disorders of pregnancy.	K	KH	Y	Lecture	written		
Phase 3/part 1		Enumerae methods for early detection of preecalmpsia.	K	KH	Y	Lecture,	written		
Phase 3/part 1		Discuss the investigations and their relevance in hypertension in pregnnacy.	K	KH	Y	Small group discussion	Clinical assessmen		
Phase 3/part 1		Discuss the management of hypertensive disorders of pregnancy.	K	KH	Y	SGD	Clinical assessment		
Phase 3/part 2		Define eclampsis and its differential diagnosis.	K	KH	Y	Lecture,	written		
Phase 3/part 2	OG 12.1g	List the investigations and their relevance in eclampsia.	K	KH	Y	SGD	Cliinical assessment		
Phase 3/part 2	OG 12.1h	Enumerate complications of eclampsia.	K	KH	Y	SGD	Clinical assessment		
	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/Clinical assessment/Viva voce	Gene	eral Medi
Phase 3/part 1	OG12.2 a	Define and classify anaemia in pregnancy.	K	KH	Y	Lecture,	written/viva voce		
Phase 3/part 1	OG 12.2b		K	KH	Y	Lecture	written		
Phase 3/part 1		Enumerate investigations of anaemia during pregnancy.	K	KH	V	Small group discussion,	Written/Viva voce		
			K	KH	Y	SGD		+	
Phase 3/part 1		Describe the management of anaemia during pregnancy and labor. Discuss maternal and fetal complications of anemai in pregnancy.	K	KH	Y		viva voce Written/Viva		
Phase 3/part 1	0012.2 .e	Discuss maternal and retai complications of allemai in pregnancy.	K	КП	1	Lecture	WITHEII/ VIVa		
	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	КН	y	Lecture, Small group discussion, Bedside clinics	Written/ Skill assessment/Viva voce	Gene	eral Medi
phase 3/part 1	OG12.3 a	Define diabetes in pregnancy and List screening methods for gestational diabetes mellitus.	K	KH	Y	Lectiire/ SGD	Written/Viva Voce		
phase 3/part 1	OG 12.3 b	Discuss classification aetiopathogenesis of Diabetes in pregnancy.	K	KH	V	Lecutre	Written		
		Discuss classification actiopathogenesis of Diabetes in pregnancy. Discuss clinical features and diagnosis of diabetes in pregnancy	K	KH	y V		written		
phase 3/part 1	OG 12.3 d		K	KH	Y	Lecture Lecture/SGD	Writen/Viva voce		
phase 3/part 1		Discuss investigations to be done in pregnant woman with diabetes in pregnancy.			<u> </u>				
phase 3/part 2 phase 3/part 2	OG 12.3 e	Describe management during pregnancy and labor of diabetes in pregnancy. Enumerate maternal and fetal complications of diabetes in pregnancy.	K K	KH KH	Y	SGD Lecture/SGD	viva voce written/viva voce		
Phase 3, Part 2	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/ Skill assessment/Viva voce	Gene	eral Medi
Phase 3, Part 2	OG12.4 a	Define and classify heart disease in pregnancy. Discuss their etiopathogenesis.	K	KH	Y	Lecture	Written		
Phase 3, Part 2		Discuss the etiopathogenesis of heart disease in pregnancy.	K	KH	Y	Lecture	Written		
Phase 3, Part 2		Enumerate various methods and investigations for diagnosis of heart disease in pregnancy	K	KH	Y	SGD	Viva voce	1	
Phase 3, Part 2		Discuss adverse effects on mother and fetus.	K	KH	Y	SGD	VIVa voce	†	
Phase 3, Part 2		Discuss management during pregnancy and labor.	K	KH	Y	Bed side discussion	VIVA VOCE	1	
Phase 3, Part 2		Enumerate complications of heart disease in pregnancy and labour.	K	KH	Y	Bed side discussion	VIVA VOCE		
Phase 3, Part 2	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	КН	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment		General Medicin e

Phase 3, Part 2	OG12.5.a	urinary tract infections in pregnancy	K	K	V	Lecture	Written	
Phase 3, Part 2		Enumerate clinical features and diagnosis of urinary tract infections in pregnancy	k	k	V	Lecture	Written	
Phase 3, Part 2		urinary infections.	K	K K	V	Lecture	Written	
Phase 3, Part 2		enumerate complications in pregnancy due to urinary infections	K	K V	Y	SGD	Viva Voce	
Phase 3, Part 2			K	K	Y	SGD	Viva voce Viva voce	
Filase 5, Fait 2	00 12.3 6	Enumerate the management of urinary tract infections in pregnancy.	K	K	1	300	viva voce	
						Lecture, Small group	***	General
Phase 3, Part 2	OG12.6	Describe the clinical features, detection, effect of pregnancy on the disease and impact of the	K	KH	Y	discussion, Bedside	Written/ Viva voce/	Medicin
	0 012,0	disease on pregnancy complications and management of liver disease in pregnancy			_	clinics	Skill assessment	0
Phase 3, Part 2	OG12.6 a	Describe clinical features of liver disease in pregnancy.	K	KH	Y	Lecture	Written	
Phase 3, Part 2	OG 12.6b	Enumerate investigations and diagnosis of liver disease in pregnancy.	K	KH	Y	Lecture	Written	
Phase 3, Part 2	OG 12.5,c	List the effect of Liver disease on pregnancy. and impact of pregnancy on disease.	K	KH	Y	Lecture	Writen	
Phase 3, Part 2	OG 12.6 d	List the impact of pregnancy on disease.	K	KH	Y	SGD	VIVA VOCE	
Phase 3, Part 2	OG12.6 e	Enumerate the steps of management of liver disease inpregnancy.	K	KH	Y	SGD	viva voce	
Phase 3, Part 2		Describe various complications of pregnancy in liver disease.	K	KH	Y	Lecture	Writen	
,								
Phase 3, Part 2	OG12.7	Describe and discuss severning wish factors, management of mother and newhorn with HIV	K	КН	Y	Lecture, Small group	Written/ Viva voce/	General
Filase 5, Fait 2	UG12.7	Describe and discuss screening, risk factors, management of mother and newborn with HIV	N	КП	1	discussion, Bedside	Skill assessment	Medicin
Phase 3, Part 2	OG 12.7a	Explain pretest counseling and post test counseling for HIV	k	kh	y	bedside clinics	viva	
Phase 3, Part 2	OG 12.7b	Enumerate the factors which can minimise parent to child tramission of HIV during Antenatal period	k	kh	Y	SGD	VIVA	
Phase 3, Part 2	OG 12.7c	Explain the testing strategy for HIV IN PREGNANCY	k	KH	Y	SGD	viva	
Phase 3, Part 2		Analyse the risk factors which should be avoided/managed to minimise the risk of trnasmission	k	KH	У	bedside clinics	viva	
Phase 3, Part 2		enumerate the investigation advised for monitoring the pregnant women on ART	k	kh	У	lecture	written	
Phase 3, Part 2		Explain the strategies to reduce vertical transission of HIV	k	kh	V	lecture	written	
Phase 3, Part 2		Discuss care of neonate for prevention of HIV transmission	k	KH	V	lecture	written	
Phase 3, Part 2		Enumerate the ART regime, their doses, side effects, used for prevention of HIV from mother to child	K	KH	Y	Small group discussion,	Viva voce	
7 11450 5, 1 411 2	0012.711	Zhamerate the first regime, their deses, side effects, asea for prevention of first from mother to emia t		1111		Sman group discussion,	1114 1000	
						Lecture, Small group		
Phase 3, Part 2	OG12.8	Describe the mechanism, prophylaxis, fetal complications, diagnosis and management of isoimmuni	K	KH	Y	discussion, Bedside	Written/ Viva voce/	
						clinics		
Phase 3, Part 2	OG 12.8a	Explain the machinism of dayslanment of Isoimmunization		1 1/11	Y	Lecture	written	
Phase 3, Part 2		Explain the mechanism of development of Isoimmunization	k	KH				
		Discuss the management of antenatal women with Rh negative blood group	k k	KH	Y	Lecture	written	
Phase 3, Part 2	OG 12.8c	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization	k k k	KH KH	Y Y	Lecture bedside clinics	written viva	
	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization	k k k k	KH KH KH	Y Y Y			
Phase 3, Part 2	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization	k k k k K	KH KH	Y Y	bedside clinics	viva	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization	k k k k K	KH KH KH	Y Y Y	bedside clinics lecture	viva written	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization		KH KH KH	Y Y Y Y	bedside clinics lecture	viva written	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization		KH KH KH	Y Y Y Y	bedside clinics lecture SGD quire certification:(01)	viva written	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies: (05)		KH KH KH	Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group	viva written viva voce	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) Enumerate and discuss the physiology of normal labor, mechanism of labor in occipito-anterior	Number o	KH KH KH KH	Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with	viva written viva voce Theory / Clinical	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d OG 12.8e	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies: (05) 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		KH KH KH	Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group	viva written viva voce	
Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d OG 12.8e	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) Enumerate and discuss the physiology of normal labor, mechanism of labor in occipito-anterior	Number o	KH KH KH KH	Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with	viva written viva voce Theory / Clinical ASSESSMENT / Viva	
Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d OG 12.8e OG13.1	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) 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.	Number o	KH KH KH Of proced	Y Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with models/videos/AV aids	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce	
Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG 12.8c OG 12.8d OG 12.8e OG13.1	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) 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. Define normal labour and its stages.	Number of K/S	KH KH KH KH KH KH KKH KKH	Y Y Y Y Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with models/videos/AV aids etc) Lecture	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce Theory	
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Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 2 Phase 2 Phase 2	OG 12.8c OG 12.8d OG 12.8e OG13.1 OG13.1a OG13.1b OG13.1c	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) 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. Define normal labour and its stages. Discuss the physiology of normal labour Describe mechanism of labour in occipito-anterior presentation.	Number of K/S K K K K	KH KH KH KH KH KH KH KH KH	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with models/videos/AV aids atc) Lecture Lecture Lecture cture/ small group discuss	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce Theory Theory	
Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2	OG 12.8c OG 12.8d OG 12.8e OG 13.1 OG13.1a OG13.1b OG13.1c OG13.1d	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) 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. Define normal labour and its stages. Discuss the physiology of normal labour Describe mechanism of labour in occipito-anterior presentation. Describe monitoring of labour in all the three stages and role of partogram in monitoring	K/S K K K K K	KH KH KH KH KH KH KH KH KH KH	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with models/videos/AV aids atc) Lecture Lecture Lecture cture/ small group discuss cture/ small group discuss	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce Theory Theory Viva Voce	
Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2	OG 12.8c OG 12.8d OG 12.8e OG 13.1a OG13.1a OG13.1b OG13.1c OG13.1d OG13.1e	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies: (05) 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. Define normal labour and its stages. Discuss the physiology of normal labour Describe mechanism of labour in occipito-anterior presentation. Describe monitoring of labour in all the three stages and role of partogram in monitoring Discuss the conduct of normal labour	K/S K K K K K K K K K	KH KH KH KH KH KH KH KH KH KH KH	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with models/videos/AV aids Lecture Lecture Lecture cture/ small group discuss cture/ small group discuss Small group discussion	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce Theory Theory Viva Voce Crimical assessment, Chirillar assessment,	
Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2 Phase 2	OG 12.8c OG 12.8d OG 12.8e OG 13.1 OG13.1a OG13.1b OG13.1c OG13.1d OG13.1e OG13.1f	Discuss the management of antenatal women with Rh negative blood group Enumerate the fetal complications in Rh isoimmunization Discuss the management of antenatal women with Rh isoimmunization Enumerate the neonatal complication in isoimmunization Topic: Labour Number of competencies:(05) 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. Define normal labour and its stages. Discuss the physiology of normal labour Describe mechanism of labour in occipito-anterior presentation. Describe monitoring of labour in all the three stages and role of partogram in monitoring Discuss the conduct of normal labour Discuss the management of third stage of labour including active management	K/S K K K K K K K K K K	KH KH KH KH KH KH KH KH KH KH KH KH	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	bedside clinics lecture SGD quire certification:(01) Lecture, Small group discussion(with models/videos/AV aids atc) Lecture Lecture cture/ small group discuss cture/ small group discuss cture/ small group discuss cture/ Small group discuss cture/Small group discuss	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce Theory Theory Viva Voce Childrassessment, Childrassessment, Theory	
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	Ī	Define, describe the causes, pathophysiology, diagnosis,		1	1	Lastura Small group	Theory /OSCE/		Ī	<u> </u>
	OG13.2	investigations and management of preterm labor, PROM and	K/S	КН	Y	Lecture, Small group discussion, Bedside	Clinical			
	0013.2	postdated pregnancy	IX/S	IXII	1	clinics	ASSESSMENT/viva			
		postuateu pregnancy				Cimics	ASSESSIVIE IVIVA			
phase 3-part 2	OG13.2a	Define Preterm labour, PROM .Enumerate the causes of preterm labour and factors predisposing to it	k	KH	Y	lecture	written			
phase 3-part 2	OG13.2b	Discuss the pathophysiology of preterm labour	k	KH	Y	bedside clinics	Written			
phase 3-part 2	OG13.2c	Analyse the ultrasound imaging of cervix	S	sh	Y	group discussion	viva			
phase 3-part 2	OG13.2d	List the clinical features suggestive of PTL and PROM	k	KH	Y	group discussion	written			
phase 3-part 2	OG13.2e	Enumerate the fetal complications of prematurity	k	KH	Y	group discussion	written			
phase 3-part 2	OG13.2f	Define PROM, Enumerate the causes of PROM and factors predisposing	k	KH	Y	SGD	VIVAVOCE			
phase 3-part 2	OG13.2g	Enumerate the Investigations to be advised in PROM	K	KH	Y	Bedside clinics	viva VOCE			
phase 3-part 2	OG13.2h	Discuss the monitoring in a case of PPROM and Management of PPROM	K	KH	Y	SGD	viva VOCE			
phase 3-part 2	OG13.2i	Define Postdated pregnacy	K	KH	Y	Lecture	written			
phase 3-part 2	OG13.2j	Enumerate the causes of Postdated pregnancy,	K	KH	Y	Lecture	written			
phase 3-part 2	OG13.2k	Monitoring of postdated pregnancy	K	KH	Y	SGD	Viva Voce			
phase 5 part 2	0013.2K	Promitoring of postdated pregnancy		IXII	1	БОБ	V 1 V 0 C C			
phase 3 part1	OG13.3	Observe/ assist in the performance of an artificial rupture of membranes	S	SH	N	DOAP session, Bedside	Skill assessment			
										<u>L</u>
phase 3 part1	OG 13.3a	Enumerate the indications of ARM	S	KH	Y	Bedside clinics	clinical assesment			
phase 3 part1	OG13.3b	Enumerate the complications of ARM and their management	S	KH	Y	, Bedside clinics	clinical assesment			
phase 3 part1	OG 13.3c	Explain how to perform ARM	S	SH	Y	DOAP session,	Skill assessment			
phase 3 part1	OG13.4	Demonstrate the stages of normal labor in a simulated environment/ mannequin and counsel on me	S	SH	Y	DOAP session,	Skill assessment			
phase 3 part1	OG 13.4a	Define the stages of Labour, Demonstrate the mechanism of normal labour on dummy and pelvis	S	SH	Y	DOAP session,	Skill assessment			
phase 3 part1		Explain the cervical changes in the first stage of labour	S	SH	Y	DOAP session,	Skill assessment			
phase 3 part1		List the prerequisites before Pelvic examination on simulation	S	SH	Y	DOAP session,	Skill assessment			
phase 3 part1		Explain the methods of safe abortion	S	SH	Y	DOAP session,	Skill assessment			
phase 3 part1		Demonstrate the pre and post abortion counselling	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			
phase 3 Part 1& 2	OG 13.5a	Observe and assist the conduct of a normal vaginal delivery in labour room	S	P	Y	DOAP session,	skill assessment	10		
		, and the second				,				
		Topic: Abnormal Lie and Presentation; Maternal Pelvis								
		Number of competencies: (04) Number of procedure require								
		certification:(NIL)								
						Lecture, Small group			1	<u> </u>
Phase 2	OG14.1	Enumerate and discuss the diameters of maternal pelvis and types	K	KH	Y	discussion, DOAP	Written/ Viva voce/	I	Human Anaton	ny
		The state of the s				Session Bedside clinics	Skill assessment			
Phase 2	OG14.1a	Enumerate and describe the diameters of female pelvis in relation to inlet, midpelvis and outlet of pelvis	K	KH	Y	cture/ Small group discuss	n/ Viva voce/ Skill asses	sment		
Phase 2	OG14.1b	Enumerate and discuss different types of maternal pelvis	K	KH	Y	cture/ Small group discuss				
						8 1				
		Discuss the mechanism of normal labor, Define and describe obstructed labor, its clinical features;				Lecture, Small group	Written/ Viva voce/			
	OG14.2	prevention; and management	K	KH	Y	discussion, DOAP	Skill assessment			
		F				Soccion Rodeido clinice	Simi appendituit			+
Phase 3- part2	OG 14.2a	Enumerate the causes of obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce		1	+
Phase 3- partz Phase 2	OG 14.2a		K	KH	Y	Lecture/Small group	Written/viva voce		 	1
Phase 2 Phase 3- part2	OG 14.26	Discuss the feto-maternal complications of obstructed labour	K	KH	Y	Lecture/Small group Lecture/Small group	Written/viva voce Written/viva voce		 	+
		Define obstructed labour	K	KH	Y		Written/viva voce Written/viva voce		 	
Phase 3 part2		Discuss the clinical features of obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce Written/viva voce		 	+
Phase 3 part2		Describe the prevention and management of obstructed labour	K	KH	Y	Lecture/Small group Lecture/Small group	Written/viva voce Written/viva voce		 	+
Phase 3- part2	00 14.21	Describe the prevention and management of obstructed fation	1/2	IXII	1	Lecture/Sman group	vv 1111611/ viva voce		 	+
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Phase 3 part2	OG14.3	Describe and discuss rupture uterus, causes, diagnosis and management	K	КН	Y	Lecture, small group discussions, DOAP session,bedside clinic	written/viva voce/skill assessment	
Phase 3- part2	OG 14.3a	Enumerate the factors predisposing to rupture uterus	k	kh	Y	Lecture	Written	
Phase 3- part2		enumerate the causes of rupture uterus	k	KH	Y	Lecture	Written	
Phase 3- part2	OG 14.3c	Explain the clinincal features of rupture uterus and examination findings of rupture uterus	k	KH	Y	Lecture	Viva VOCE	
Phase 3- part2	OG 14.3d	Discuss the management of rupture uterus	k	KH	Y	small group discussion	written	
Phase 3, part 2	OG14.4	Describe and discuss the classification, diagnosis, management of abnormal labor	k	KH	Y	Lecture,small group	written/skill assessment	
71						session,Bedside Clinic		
Phase 3, part 2	OG14.4a	Define and demonstrate transverse lie	K	KH	Y	Small group discussion	Viva	<u> </u>
Phase 3, part 2	OG14.4b	Define and demonstrate abnormal presentations (breech including types of breech, brow, face, compour	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4c	Define and demonstrate occipito posterior position	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4d	Discuss diagnosis of abnormal lie or presentation	K	KH	Y	Bedside Clinic	Viva	
Phase 3, part 2	OG14.4e	Discuss mechanism of labour in breech	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4f	Discuss mechanism of labour in transverse lie	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4g	Discuss mechanism of labour in brow & face presentation	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4h	Discuss mechanism of labour in occipito posterior position	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4i	Discuss Breech delivery: Spontaneous, assisted and breech extraction. Discuss contraindications and pro	K	KH	Y	Small group discussion	Viva	
Phase 3, part 2	OG14.4j	Discuss the management of transverse lie, brow, face presentation as well as occipito posterior position	K	KH	Y	Small group discussion	Viva	
		Topic: Operative obstetrics Number of competencies: (02) Nu	mber o	f proced	dure r	equire certification:((NIL.)	
		representative observers framework of competences (02)		Proces			written/ skill	
	O.G15.1	Enumerate and desribe the indications and steps of common obstetric procedures, technique and co	S	KH	Y	Lecture, small group discussions, seminars	assessment	
Phase 3, part 1	OG 15 1a	describe various episiotomies	K	K	V	Small group discussion	Short notes	
Phase 3, part 1		Enlist indications of episiotomy	K	K	Y	Small group discussion	Short notes	
Phase 3, part 1		Describe the steps of mediolateral episiotomy	S	KH	Y		iva voce/Skill assessment	
Phase 3, part 1		Enumerate the complications of episiotomy	K	K	Y	Small group discussion	_	
Phase 3, part 2		Enumerate the indications and contraindications of ventous application	K	K	Y	Small group discussion	Viva voce/Short notes	
Phase 3, part 2		Enumerate the pre-requisites of ventous application	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 2	OG 15.1g	Describe the procedure of Vacuum extraction	S	KH	Y		iva voce/Skill assessment	
Phase 3, part 2	OG 15.1h	Enumerate the complications of vacuum extraction	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 2		Enlist the indications of low forceps application	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 2		Enumerate the pre-requisites of forceps application	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 2		Describe the steps of low forceps application	S	KH	Y		iva voce/Skill assessment	
Phase 3, part 2		Enumerate the complications of low forceps application	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 2	_	Discuss the advantages/Disadvantages of ventouse over forceps application	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 1		Enumerate the indications of Cesarean section	K	K	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 1		Describe the types of cesarean section and advantages of lower segment Cesarean section	K S	K KH	V	Small group discussion DOAP session	Viva voce/short notes Viva voce	
Phase 3, part 1 Phase 3, part 1		Describe the steps of LSCS Enlist the complications of LSCS	<u>S</u>	КП	V	Small group discussion	Viva voce/short notes	
Phase 3, part 1 Phase 3, part 2		Describe the steps of assisted breech delivery	S	KH	Y	DOAP session	Skill assessment	
Phase 3, part 2		Discuss the indications and contraindications of external cephalic version	K	KII	Y	Small group discussion	Viva voce/short notes	
Phase 3, part 2		Describe the indications of cervical cerclage	K	K	Y	Small group discussion	Viva voce/short notes Viva voce/short notes	
Phase 3, part 2	_	Enlist the complications of cervical cerclage	S	KH	Y	Small group discussion	Viva voce	
Phase 3, part 2		Enumerate the steps of Mc Donald's Operation	S	KH	Y	DOAP session	Skill assessment	
/1		<u> </u>						
	O.G.15.2	Observe and assist in the performance of an episiotomy and demonstrate the correct suturing techn	S	SH	Y	DOAP session, bedside clinic	Skill assessment	

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Phase 3, part 1		Observe and assist in the performance of an episiotomy		GTT	* 7	DOD	G1 111	
Phase 3, part 1		Demonstrate the correct suturing technique of episiotomy in a simulated environment	S	SH	Y	DOPA session	Skill assessment	
Phase 3, part 1	OG 15.2c	Observe the steps of lower segment Cesarean section	S	KH	Y	DOPA session	Skill assessment	
Phase 3, part 1	OG15.2d	Observe/assist in Forceps delivery.	S	KH	Y	DOPA session	Skill assessment	
Phase 3, part 1	OG15.2e	Observe/assist in vacuum extraction.	S	KH	Y	DOPA session	Skill assessment	
Phase 3, part 1	OG15.2f	Observe/assist in breech delivery. Observe the various maneouvers.	S	KH	Y	DOPA session	Skill assessment	
		Topic: Complications of the third stage Number of competencies: (03)		N	umbe	er of procedure requi	re certification:(NIL)	
	O.G16.1	Enumerate and discuss causes, prevention, diagnosis, management, appropriate use of blood and	K	KH	Y	Lecture, small group discussion, bedside clinics	written/skill assessment	
Phase 2	O.G16.1a	Enumerate the types of PPH(Atonic, traumatic).	K	KH	Y	Lecture	written assessment	
Phase 2	O.G16.1b	Discuss active management of third stage of labour.	K	KH	Y	Lecture	written assessment	
Phase 2	O.G16.1c	Discuss the causes of PPH and predisposing factors	K	KH	Y	Lecture	written assessment	
Phase 2	O.G16.1d	Discuss how to make diagnosis of PPH	K	KH	Y	Lecture	written assessment	
Phase 3 Part 1	O.G16.1e	Discuss PPH drill.	K	KH	Y	Lecture	written assessment	
Phase 3 Part 1	O.G16.1f	Discuss oxytocics	K	KH	Y	Lecture	written assessment	
Dhaga 2 mant 2								
Phase 3, part 2	O.G16.1g	Discuss surgical management of PPH including stepwise devascularization in detail.	K	KH	Y	Lecture	written assessment	
Phase 3, part 2		Discuss use of blood and blood products in PPH	K	KH	Y	Lecture	written assessment	
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	O.G.16.2	Describe and discuss uterine inversion- causes , prevention , diagnosis and management	K	КН	Y	Lecture, small group discussions, bedside clinics	written/viva voce	
Phase 3/part 2	O.G.16.2a	Define uterine inversion	K	KH	Y	cture/small group discussi	written	
Phase 3/part 2		Enumerate cause of uterine inversion	K	KH		cture/small group discussi	written	
Phase 3/part 2	O.G.16.2c	Classify uterine inversion	K	KH		cture/small group discussi	written	
Phase 3/part 2		Discuss diagnosis of uterine inversion based on clinical features	K	KH		cture/small group discussi	viva voce	
Phase 3/part 2		Discuss the various preventive strategies for uterine inversion	K	KH	Y	Bedside clinics	viva voce	
Phase 3/part 2		Discuss various management options in a case with uterine inversion	K	KH	Y	Bedside clinics	viva voce	
· F	3.3.13.21	Discuss various management options in a case with aterms inversion		1111		Beasiae emines	717 4 7000	
Phase 3/part 2	O.G16.3	Describe and discuss causes, clinical features, diagnosis, investigations, monitoring of fetal well being	K/S	КН	Y	Lecture, small group discussions, bedside clinics	written/skill assessment/viva voce	
Phase 3/part 2	O C16 3 a	Define Fetal Growth Restriction. Enumerate the causes of FGR and its clinical features.	K	KH	V	discussions, bedside	assessment/viva voce	
Phase 3/part 2 Phase 3/part 2		Discuss the clinical diagnosis and investigations in FGR	K	KH	Y	Lecture	written	
_		interpretation	K	KH	Y	Bedside clinic	viva voce	
Phase 3/part 2		Discuss principles of management in FGR		KH		, , , , , , , , , , , , , , , , , , ,		
Phase 3/part 2		Discuss principles of management in FGK Discuss prevention of FGR and preconception counselling	K	KH	Y	Lecture,	written	
Phase 3/part 2	0.010.3 6	Discuss prevention of FGR and preconception counseling	K	КП	Y	Lecture,	written	
			4.60	4° (NI	TT \			
	<u> </u>	Topic: Lactation Number of competencies: (03) Number of procedure requi	re certific	cauon:(N	IL)			
Phase 2	OG17.1	Describe and discuss the physiology of lactation	K	KH	Y	Lecture, small group discussion	Written/viva voce	
Phase 2		Describe the physiology of lactation	K	KH	Y	Lecture	Written/ Viva	
Phase 2	OG 17.1b	Enumerate galactogogues and Lactation suppression	K	KH	Y	Lecture	Written/Viva	
	OG17.2	Counsel in a simulated environment, care of the breast, importanceand the technique of breast feed	S/A/C	SH	Y	DOAP session	Skill assessment	
	0.5:					_		
Phase 2		Discuss the importance and advantages of breast feeding.	k	KH	Y	Lecture	written	
Phase 3, Part 2			k	KH	Y	SGD	viva voce	
Phase 3, Part 2	OG17.2 c	Demonstrate the correct technique of breast feeding in simulation.	S	SH	Y	DOAP session	Skill assessment	
	OG17.3	Describe and discuss the clinical features, diagnosis andmanagement of mastitis and breast abscess	K	КН	Y	Lecture,small group discussion	written/viva voce	

Phase 3, part 2	OG17.3a	Describe the clinical features of mastitis and breast abscess	K	KH	Y	Lecture/Small group discussion	Written/Viva		
Phase 3, part 2	OG17.3b	Discuss the diagnosis and management of mastitis and breast abscess	K	KH	Y	Small group discussion	Written/Viva		
, F						8 1			
		Topic: Care of the newborn Number of competencies: (04) Number of procedure of procedure of the newborn Number of competencies:	ıre requii	re certifi	cation:	(NIL)			
Phase3, part 2	O.G18.1	Describe and discuss the assessment of maturity of the newborn, dignosis of birth asphyxia, principl	K	КН	Y	Lecture,small group discussion	Written/viva voce	Pedia	atrics
Phase3, part 2	OG18.1a	Describe & discuss assessment of maturity of newborn	K	KH	Y	Small group discussion,	Written, Viva Voce		
Phase3, part 2		Diagnose birth asphyxia	S	SH	Y	DOAP session	Skill assessment		
Phase3, part 2		Enumerate the principles of resuscitation	K	KH	Y	Small group discussion,	Written, Viva Voce		
Phase3, part 2		Discuss common problems encountered during neonatal resuscitation	K	KH	Y	Small group discussion,	Written, Viva Voce		
-						<u> </u>			
Phase3, part 2	O.G.18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment	S	SH	Y	DOAP session	Skill assessment	Pedia	atrics
Phase3, part 2	OG 18.2a	Enumerate steps of neonatal resuscitation	K	KH	Y	DOAP session	Skill assessment		
Phase3, part 2	OG 18.2b	Demonstrate the steps of neonatal resuscitation in a simulated environment	S	SH	Y	DOAP session	Skill assessment		
hase3, part 2	O.G.18.3	Describe and discuss the diagnosis of birth asphyxia	K	КН	Y	Lecture,small group discussion	written/viva voce	Pedia	atrics
Phase3, part 2		Define birth asphyxia	K	KH	Y	Lecture/Sman group	Written/Viva		
Phase3, part 2	OG18.3a	Enumerate causes of birth asphyxia	K	KH	Y	Lectule/Smain group	Written/Viva		
Phase3, part 2	OG18.3b	Discuss the diagnosis of birth asphyxia	K	KH	Y	Lecudie/Sinain group	Written/Viva		
Phase3, part 2	O.G.18.4	Describe the principles of resuscitation of the the newborn and enumerate the common problems en	K	КН	Y	Lecture,small group discussion	written/viva voce	Pedia	atrics
Phase3, part 2	OG18.4a	Describe the principles of resuscitation of the newborn	K	KH	Y	Lecture/Sman group	Written/Viva		
Phase3, part 2	OG18.4b	enumerate the steps of resuscitation	K	KH	Y	Lecudie/Smain group	Written/Viva		
Phase3, part 2	OG18.4c	Enumerate common problems encountered during neonatal resuscitation	K	KH	Y	Lectulie/Smain*group	Written/Viva		
. *						d100100104			
		Topic: Normal and abnormal puerperium Number of competencies: (04) Number of	procedure	require	certifi	cation:(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	en/viva voce/skill assesmen	t	
Phase 2	OG19.1a	Define puerperium and discuss the physiological changes that occur during puerperium	K	KH	Y	Lecture	Written		
Phase 2	OG19.1b	Describe the complications of puerperium and their diagnosis and management	K	KH	Y	Lecture/ Small group	Written/ Viva		
Phase 3, Part 2	OG19.1c	Enumerate methods for postpartum contraception, their indications & contraindications	K	KH	Y	Lecture/Small group	Viva voce		
Phase 3, Part 2	OG19.1d	Counsel regarding contraception in lactating and non- lactating mothers and puereral sterilization	S	SH	Y	DOAP	Clinical Assessment		
Phase 3, Part 2	OG19.1e	Enumerate postnatal advice to be given to postpartum patient	K	KH	Y	Small Group Discussion	Viva voce		
	OG19.2	Counsel in a simulated environment, contraception and puerperal sterilisation	S/A/C	SH	Y	DOAP Session	skill assessment	Community Medicine	
Phase 2	OG19.2a	Enlist postpartum contraceptive choices	K	KH	Y	Small Group Discussion	Viva voce		
Phase 3, Part 2	OG19.2a	Counsel in a simulated environment, regarding choice of contraception in lactating and non-lactating m	S/A/C	SH	Y	DOAP session	Skill assessment		
	3317.20	or and a simulation of the sim	2,11	NII.	1	2011 bobbion	Simi abbodoment		
	OG19.3	Observe/ assist in the performance of tubal ligation	S	KH	Y	DOAP session, intraoperative	Skill assessment		
hase 3, Part 2	OG 19.3 a	Discuss the indication, timing, metod, indivation and contra indication of post partum sterilisation							
hase 3, Part 2	OG19.3b	Describe the steps of Postpartum Tubal Ligation	S	KH	Y	DOAP session	Skill assessment		
	0.510.5	Observe/ assist in the performance of postpartum tubal liagation	S	KH	Y	DOAP session	Skill assessment		
phase 3, Part 2	OG19.3c	Observe/ assist in the performance of postpartum tubal magation	b	KH	1	BOTH SUBSTON	Skiii ussessiiieit		

	ı	T	1	1	Ī	1	<u> </u>	
ohase 2	OG19.4a	Enumerate the indications for use of intrauterine device and the timing of insertion in pueperium	K	KH	Y	Small group discussion	Viva	
			C		N/			
phase 3 part2	UG19.46	Describe the steps to 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)	Numbor	of proof	dure	require certification	·(NII)	
		Number of competencies.(05)	Number	or proce	euure	require certification	·(NIL)	
_	0.000.1	Enumerate the indications and describe and discuss the legal	T7	7777	T 7	Lecture,small group	written/viva voce/skill	E ' M P '
	OG20.1	aspects, indications, methods for first and second trimester MTP;	K	KH	Y	discussion	assesment	Forensic Medicine
Phase 2	OG20.1a	Enumerate the indications of first and second trimester MTP	K	KH	Y	Lecture	Written	
Phase 2	OG20.1b	Enumerate the indications of first and second trimester W11	K	KH	Y	Lecture	written/viva voce/skill	
		Describe the methods for first trimester MTP- Medical and Surgical methods					assesment	
Phase 2	OG20.1c	Describe the methods for second trimester MTP- Medical and Surgical methods	K	KH	Y	Lecture	Written/ Viva	
Phase 2	OG20.1d	Describe the methods for second trimester MTP- Medical and Surgical methods	K	KH	Y	Lecture/ Small group	Written/ Viva	
		Describe MTP Act & its amendments &Discuss the legal aspects of first and second trimester MTP	11		•	discussion	VVIIII VIVI	
Phase 3, Part 2	OG20.1d	Describe the complications and management of complications of Medical Termination of Pregnancy	K	KH	Y	Lecture/ Small group	Written/ Viva	
		Describe the complications and management of complications of Medical Termination of Fregnancy				discussion		
				ļ				
	OG20.2	In a simulated environment administer informed consent to a person wishing to undergo Medical	S/A/C	SH	Y	DOAP	Skill assessment	
		Termination of Pregnancy		1				Forensic Medicine
phase 2	OG20.2a	Offer the woman different methods for first trimester and second trimester MTP	С	SH	Y	DOAF SESSION/DEUSINE	kill assessment/viva voce	
hase 2	OG20.2b	Inform the woman about the risks and complications of the procedure	C	SH	Y	DOAT selsaion/veusine	kill assessment/viva voce	
hase 3 part 2		Take consent in the language the women understands.	A	SH	Y	DOM selsion/ocusine	kill assessment/viva voce	
hase 3 part 2		Ensure that the consent is voluntary.	A	SH	Y	DOAF session/veusine	kill assessment/viva voce	
hase 3 part 2		Ensure that the consent is being taken for the correct indication, the place of MTP is govt. approved and if pregna	ı K	SH	Y	DOAF selssion/veusine	kill assessment/viva voce	
hase 3 part 2		Administer informed consent to a women wishing to undergo first trimester MTP in a simulated environment pro		SH	v	DOAP session/bedside	kill assessment/viva voce	
mase 3 part 2	0020.21	Administer informed consent to a women wishing to undergo hist trimester with in a simulated environment pro	, 5	511	1	clinics	okiii assessiiieiii/viva voce	
	OG20.2g	Administer informed consent to a women wishing to undergo second trimester MTP in a simulated environment	S	SH	Y	DOAP session/bedside	kill assessment/viva voce	
						clinics		
	OG20.3	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its	K	K/KH	V	Lecture,small group	kill assessment/viva voce	•
	0620.3	amendments	K	K/KII	1	discussion	kiii assessment/viva voce	Forensic Medicine
Phase 3 Part 2		Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its						
nase 3 i art 2	OG20.3a	amendments	K	KH	Y	Lecture		
		Topic: Contraception Number of competencies: (02) Number of	procedin	re reani	re cer	tification:(NIL)		
		Describe and discuss the temporary and permanent methods of contraception, indications,	P-000ddi	l		Lecture, small group	****	
	OG21.1	technique and complications; selection of patients, side effects and failure rate including Ocs, male	K	KH	Y	discussion, bedside	written/viva voce/skill	Community Medicine
		contracention, emergency contracention and IUCD				clinics	assesment	
Phase 2	OG21.1a		K	KH	Y	Lecture	Written/ Viva voce	
	0001 11	Enumerate the temporary and permanent methods of contraception	Tr	1717	T 7	T ,	77' / 61 '11	
hase 2		Describe the selection of patients as per WHO Medical Eligibility criteria before giving contraceptive options	K	KH	Y	Lecture	Viva Voce/ Skill	Community
Phase 2	_	Describe failure rates of different contraceptive methods Enumerate methods available under National Family Welfare program	K	KH KH	V	Lecture Lecture	Viva Voce Written/ Viva voce	
Phase 7		Describe the advantages, disadvantages, failue rate and mechanism of male barrier contraceptive	K	KH	V	Lecture/ Small group	Written/ Viva voce Written/ Viva voce	
	-10G211a	posonos ine auvantagos, aisauvantagos, fanue fate anu incenanism en maie earmet centre centre de la companya i	1/2		1 77	Ŭ i	written/viva voce	- - - - - - - - - -
Phase 2			K	KH	l Y	Lecture/ Small group	T WITHEIL/VIVA VICE	
Phase 2 Phase 2	OG21.1f	Enumerate and describe the natural methods of contraception	K K	KH KH	Y	Lecture/ Small group		
Phase 2 Phase 2 Phase 3, Part 1	OG21.1f OG21.1g		K K K	KH	Y	Lecture/ Small group	written/viva voce written/viva voce	
Phase 2 Phase 2 Phase 2 Phase 3, Part 1 Phase 2	OG21.1f OG21.1g OG21.1h	Enumerate and describe the natural methods of contraception	1		Y Y	<u> </u>		

Phase 2	OG21.1j	Describe the method of prescribing combined OCP and management of a missing pill	K	KH	Y	Lecture/ Small group	Skill Assessment		
Phase 3, Part 1	OG21.1k	Enumerate Progestogen only contraceptive methods, their advantages, mechanism of action, contraindications, fa	K	KH	Y	Lecture/ Small group	written/viva voce		
Phase 3, Part 1	OG21.11	Define Long Acting Reversible Contraceptive Methods (LARC) and their advantages	K	KH	Y	Lecture/ Small group	written/viva voce		
Phase 3, Part 1	_	Describe Non hormonal Oral Contraceptive Centchroman, its advantages, mechanism of action, contraindications	K	KH	Y	Lecture/ Small group	written/viva voce		
Phase 3, Part 1		Describe various methods of Female sterilization, MEC criteria, Selection criteria as per GOI, procedure, advanta	K	KH	Y	Lecture/ Small group	written/viva voce		
Phase 3, Part 2	OG21.10	Discuss Male Contraception	K	KH	Y	Lecture/ Small group	written/viva voce		
Phase 3, Part 2	OG21.1p	Describe the indications, regimes, mechanism of action, side effects and failure rates of emergency contraception	K	KH	Y	Lecture/ Small group	written/viva voce		
Phase 2	OG21.2	Describe & discuss PPIUCD programme	K	K/KH	Y	Lecture,small group discussion	written/viva voce		
Phase 2	OG21.2a	Describe PPIUCD and Post abortal IUCD programme	V	K	Y	Lecture	Written		 -
Phase 2	OG21.2a	· ·	K V	KH	V		Viva voce		
		ennumerate the various timings of post partum IUCD insertion(post placental, intra ceasarean and within	N V	KH	V	Small group discussion			
Phase 2	_	describe the advantages and limitations of PPIUCD	K V		I V	Small group discussion	Viva voce		
Phase 2		describe the MEC and technique of PPIUCD insertion	K	KH	Y	Small group discussion	Viva voce		
Phase 2		describe the MEC, timing and technique of Post abortal insertion	K	KH	Y	Small group discussion	Viva voce		
Phase 2	OG21.2f	describe the management of potential problems and follow up care	K	KH	Y	Small group discussion	Viva voce		
		Topic: Vaginal discharge Number of competencies: (02) Number of	fprood	re regr	ire ee	rtification:(NIL)			
Dhaga 2 nort 1	OG22.1		ı proceut		11 t tt		Theorem		
Phase 3 part 1	UG22.1	Describe the clinical characteristics of physiological vaginal discharge.	K	KH	Y	Lecture	Theory	1	
Phase 3 nort 1	OG22.1a	Differentiate between physiological and nathological vaginal discharge	V	KH	v	Lactura	thann	1	
Phase 3 part 1		Differentiate between physiological and pathological vaginal discharge	IV		V	Lecture	theory		
Phase 3 part 1	OG22.1b	Describe the clinical characteristics of physiological vaginal discharge	K	KH	Y	Lecture	theory	 	
Dhaga 2 1		Describe and discuss the etiology (with special emphasis on Candida, T. vaginalis, bacterial					Written/viva voce/		
Phase 3 part 1	OG22.2	vaginosis), characteristics, clinical diagnosis, investigations, genital hygiene, management of	k	KH	Y	Lecture, bedside clinics			
		vagmosis), characteristics, chincal diagnosis, investigations, genital nyglene, management of		 			skill assessment	+	
Phase 3 part 1	OG22.2a	Describe the etiology (with special emphasis on Candida, T. vaginalis, bacterial vaginosis),	K	KH	Y	Lecture	Written/Viva Voce	1	
Phase 3 part 1		Discuss the characteristics, clinical diagnosis, investigations of pathological vaginal discharge	K	KH	Y	Bedside Clinics, Small	Viva Voce/ Skill		
Phase 3 part 1 Phase 3 part 1		Discuss the Genital hygiene Discuss the Genital hygiene	K V	KH	V	Bedside Clinics, Small	Viva Voce/ Skiii Viva Voce	1	
Phase 3 part 1		Discuss the management of common causes of vaginal discharge and the syndromic management	K V	KH	V	Bedside Clinics, Small	Viva Voce Viva Voce		
rnase 3 part 1	0022.20	Discuss the management of common causes of vaginar discharge and the syndromic management	K	KII	1	Deusiue Chines, Sinan	VIVA VOCE		
	1								
		Topic: Normal and abnormal puberty Number of competencies: (03)	Nı	ımber (of pro	cedure require certific	ration·(NIL)		
		Topic: Normal and abnormal puberty Number of competencies:(03)	Nı	ımber (of pro	cedure require certific Lecture, sman group	cation:(NIL)		
	OG23.1	Topic: Normal and abnormal puberty Number of competencies:(03) Describe and discuss the physiology of puberty, features of abnormal, common problems and their	K	imber (of pro Y	cedure require certific Lecture, small group discussion,Bedside	cation:(NIL) written/viva voce		
Phase 2 Part 1	OG23.1a		K			Lecture, sman group			
Phase 3, Part 1	OG23.1a		K	КН	Y	discussion,Bedside	written/viva voce Written/Viva Voce		
,	OG23.1a	Describe and discuss the physiology of puberty, features of abnormal, common problems and their	K	КН	Y	discussion,Bedside	written/viva voce		
,	OG23.1a	Describe and discuss the physiology of puberty, features of abnormal, common problems and their	K K	KH	Y	discussion, Bedside	written/viva voce Written/Viva Voce		
Phase 3, Part 1	OG23.1a	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty.	K K	KH	Y	discussion, Bedside	written/viva voce Written/Viva Voce		
,	OG23.1a	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty.	K K	KH KH KH	Y	Lecture, Small group discussion, Bedside alinias Lecture Small group discussion	Written/Viva Voce Written/Viva Voce		
Phase 3, Part 1	OG23.1a OG23.1b OG23.1c	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty.	K K K	KH KH KH	Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics	Written/Viva Voce Written/Viva Voce Viva Voce		
Phase 3, Part 1 Phase 3, Part 2	OG23.1a	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters.	K K	KH KH KH	Y	Lecture, Small group discussion, Bedside alinias Lecture Small group discussion	Written/Viva Voce Written/Viva Voce		
Phase 3, Part 1 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty	K K K K	KH KH SH	Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters.	K K K	KH KH KH	Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small	Written/Viva Voce Written/Viva Voce Viva Voce		
Phase 3, Part 1 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty	K K K K	KH KH SH	Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty	K K K K	KH KH SH	Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d OG23.1e	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty Discuss Common problems of puberty and their management	K K K K K K	KH KH SH KH	Y Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small Group Discussions	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce Written/Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d OG23.1e	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty	K K K K K K	KH KH SH KH	Y Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small Group Discussions Bedside Clinics, Small	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce Written/Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d OG23.1e OG23.1f	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty Discuss Common problems of puberty and their management List the causes, investigations and management of puberty menorrhagia.	K K K K K K	KH KH SH KH KH	Y Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small Group Discussions Bedside Clinics, Small Group Discussions	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce Written/Viva Voce Written/Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d OG23.1e	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty Discuss Common problems of puberty and their management List the causes, investigations and management of puberty menorrhagia. Enumerate the causes of delayed puberty. Describe the investigation and management of common	K K K K K K	KH KH SH KH	Y Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small Group Discussions Bedside Clinics, Small Group Discussions Lecture, Small group	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce Written/Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d OG23.1e OG23.1f	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty Discuss Common problems of puberty and their management List the causes, investigations and management of puberty menorrhagia.	K K K K K K	KH KH SH KH KH	Y Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small Group Discussions Bedside Clinics, Small Group Discussions	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce Written/Viva Voce Written/Viva Voce		
Phase 3, Part 1 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2	OG23.1a OG23.1b OG23.1c OG23.1d OG23.1e OG23.1f	Describe and discuss the physiology of puberty, features of abnormal, common problems and their Describe the physiology and endocrinology of puberty. Enumerate the biological sequential events observed during puberty. Describe TANNER staging of female secondary sexual characters. Describe features of abnormal puberty Discuss Common problems of puberty and their management List the causes, investigations and management of puberty menorrhagia. Enumerate the causes of delayed puberty. Describe the investigation and management of common	K K K K K K	KH KH SH KH KH	Y Y Y Y Y	Lecture, Small group discussion, Bedside Lecture Small group discussion Bedside clinics Small group discussion Bedside Clinics, Small Group Discussions Bedside Clinics, Small Group Discussions Lecture, Small group	Written/Viva Voce Written/Viva Voce Viva Voce Viva Voce Written/Viva Voce Written/Viva Voce		

Phase 3, Part 2	OG23.2b	Describe the investigation for delayed puberty	K	KH	Y	Small Group Discussion	Written/ Viva voce		
Dhasa 2 Dart 2	OC22.2a		K	KH	Y	Small Group Discussion	Written/ Viva voce		
Phase 3, Part 2	OG23.2c	Discuss the management of common causes of delayed puberty							
Phase 3, Part 2	OG23.3	Enumerate the causes of precocious puberty	K	K	N	Lecture, small group	written/viva voce		
,		The state of the s				discussion			
						Lecture, small group			
Phase 3, Part 2	OG23.3a	Define precocious puberty.	K	K	N	discussion	written/viva voce		
Phase 3, Part 2	OG23 3h	Enumerate the causes of Precocious puberty.	K	K	N	Lecture, small group	written/viva voce		
1 nase 3, 1 art 2	0023.30	Enumerate the causes of Freedelous publity.	IX	IX	11	discussion	WIIIIIII VIVA VOCC		
		Topics Abnormal stering blooding Number of competencies (01)			Num	han of procedure read	vino contification (N	11)	
		Topic: Abnormal uterine bleeding Number of competencies: (01)		1	Nulli	ber of procedure requ	uire ceruncauon:(N		
	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		
		investigations, diagnosis and management				uiscussion			
	OG24.1a	Define Abnormal uterine bleeding	K	KH	Y	Lecture	Written		
Phase 3, Part 1	0021	2 viniv i ionorinim uvoriniv erovumig				2000020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	OG24.1b	Enumerate common causes of AUB in different age groups	K	KH	Y	Lecture	Written		
Phase 3, Part 1									
DI 0 D 11	OG24.1c	Discuss AUB classification (PALM-COEIN)	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 1						_			
Phase 3, Part 1	OG24.1d	Discuss clinical features of different causes of AUB	K	KH	Y	Small Group Discussion	Viva Voce		
Thase 5, Tart 1									
Phase 3, Part 2	OG24.1e	Discuss investigations, diagnosis of AUB	K	KH	Y	Lecture/ Small Group	Written/Viva Voce		
	OG24 1f	Discuss management of AUB	K	KH	Y	Discussion Lecture/ Small Group	Written/Viva Voce		
Phase 3, Part 2	0024.11	Discuss management of ACD	IX	KII	1	Discussion	Withen Viva Voce		
						21300351011			
	OG24.2	Describe and discuss the etiopathogenesis, clinical features; investigation and implications on	K	KH	Y	Lecture, small group	Written/Viva Voce		
Phase 3, Part 2		health and fertility and management of endometriosis and adenomyosis				discussion			
	00010		17	IZII	3.7	т ,	777 '44 /77' 77		
Phase 3, Part 2	OG24.2a	Describe & Discuss the etiopathogenesis of endometriosis and adenomyosis	K	KH	Y	Lecture	Written/Viva Voce		
Filase 5, Part 2	OG24.2b	Describe clinical features of Endometriosis & Adenomyosis	K	KH	V	Small Group Discussion	Viva Voce		
Phase 3, Part 2	0024.20	Describe enfined reactives of Endometriosis & Adenomyosis	IX.		1	Sman Group Discussion	viva voce		
	OG24.2c	Ennumerate Investigation of Adenomyosis & Endometriosis	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 2									
	OG24.2d	Discuss implications of endometriosis & adenomyosis on health and fertility	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 2									
	OG24.2e	Discuss management of endometriosis and adenomyosis	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 2									
		Tonic: Amonorphos Number of competencies: (01)							
		Topic: Amenorrhea Number of competencies: (01)							
		Number of procedure require certification:(NIL)				I octuve amellanous			
	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		
		principles of management				UISCUSSIUII			
Phase 3, Part 2	OG25.1a	Define Primary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce		
Phase 3, Part 2		Enlist common causes of Primary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce		
Phase 3, Part 2	OG25.1c	Describe clinical features of common causes of primary amenorrhoea	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 2	OG25.1d	Describe & discuss investigations in a case of Primary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce		
Phase 3, Part 2		Plan the managemet of common causes of Primary amenorrhea.	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 2		Define Secondary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce		
Phase 3, Part 2	UG25.1g	Enlist common causes of secondary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce		

Phase 3, Part 2	OG25.1h	Identify clinical features of common causes of Secondary amenorrhea	K	KH	Y	Small Group Discussion	Viva Voce		
Phase 3, Part 2	OG25.1i	Choose investigations in a case of Secondary amenorrhea	K	KH	Y	Lecture	Written/Viva Voce		
Phase 3, Part 2	OG25.1j	Plan the management of common causes of Secondary amenorrhea	K	KH	Y	Small Group Discussion	Viva Voce		
		Topic: Genital injuries and fistulae Number of competencies: (02)	Nu	mber o	f prod	edure require certific	cation:(NIL)		
		Topici Gentari injuries and listatae Transcer of competences.(02)	110		proc				
Phase 3, Part 2	OG26.1	Describe and discuss the etiopathogenesis, clinical features; investigation and implications on health and fertility and management of endometriosis and adenomyosis	K/S	КН	Y	Lecture,small group discussion	written/viva voce		
		Competency same as OG 24.2 above							
Phase 3, Part 2	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 sur
Phase 3, Part 2	OG 26.2a	List commonly encountered injuries to genital tract in obstetrical and gynaecological practice.	K	KH	N	Lecture	written/viva voce		
Phase 3, Part 2	OG 26.2b	Enumerate the causes of perineal tear	K	KH	N	diamasian	written/viva voce		
Phase 3, Part 2	OG 26.2c	Classify perineal tears on the basis of severity	K	KH	N	diamain group	written/viva voce		
Phase 3, Part 2	OG 26.2d	Describe the clinical features of perineal tear	K	KH	N	Lecidie, sinair group	written/viva voce		
Phase 3, Part 2	OG 26.2e	Discuss the ways to prevent genital injuries	K	KH	N	Lecture,small group discussion	written/viva voce		
Phase 3, Part 2	OG 26.2f	Describe and discuss the principles of management of genital injuries	K	KH	N	Lecture,small group discussion	written/viva voce		
Phase 3, Part 2	OG 26.2g	Counsel the patient after surgery regarding immediate care and management in future pregnancies.	K	KH	N	Lecture,small group discussion	written/viva voce		
Phase 3, Part 2	OG 26.2h	Define vesico-vaginal and rectovaginal fistulae	K	KH	N	Lecture, small group	written/viva voce		
Phase 3, Part 2	OG 26.2i	Classify vesico-vaginal fistulae on anatomical basis	K	KH	N	Lecture, sinan group	written/viva voce		
Phase 3, Part 2	J	Describe the clinical features in a case of vesico-vaginal andrectovaginal fistula.	K	KH	N	Lecidie,smain group	written/viva voce		
Phase 3, Part 2	OG 26.2k	Describe the principles for management of a case of vesico-vaginal and recto-vaginal fistula.	K	KH	N	Leculte,Sinain group	written/viva voce		
		Topic: Genital infections Number of competencies: (04)			Nı	ımber of procedure r	equire certification:	(NIL)	
		Describe and discuss the etiology, pathology, clinical features, differential diagnosis,				Lecture, small group		(1112)	
Phase 3, Part 2	OG27.1	investigations, management and long term implications of sexually transmitted infections	K	KH	Y	discussion Lecture, sman group	written/viva voce		
DI 2 D 12	OG27.1a	Describe the etiology and pathogenesis of sexually transmitted infections	K	KH	Y	Lecture	Written/Viva Voce Written/Viva Voce	Microbiolo	σv
Phase 3, Part 2								TVII CI O CI O C	
Phase 3, Part 2	OG27.1b	Discuss clinical features, differential diagnosis of sexually transmitted infections	K	KH	Y	Small group discussion	Viva Voce		Dermate
Phase 3, Part 2 Phase 3, Part 2	OG27.1c	Discuss the investigations for sexually transmitted infections Discuss the management of sexually transmitted infections	K K	KH KH	Y	Small group discussion Small group discussion	Viva Voce Viva Voce		
Phase 3, Part 2	OG27.1e	Discuss the long term implications of sexually transmitted infections	K	KH	Y	Small group discussion	Viva Voce		
		Describe and discuss the etiology, pathology, clinical features, differential diagnosis,						Microbiolo	og TB
Phase 3, Part 1	OG27.2	investigations, management and long term implications of genital tuberculosis	K	KH	Y		written/viva voce	y	Clinic
Phase 3, Part 1	OG27.2a	Discuss the etiopathogenesis of genital tuberculosis	K	KH	Y	Lecture	Written/Viva Voce		
Phase 3, Part 1	OG27.2b	Discuss clinical features, differential diagnosis of Genital TB	K	KH	Y	Small group discussion	Viva Voce		
Phase 3, Part 1	OG27.2c	Discuss the investigations to diagnose genital Tuberculosis	K	KH	Y	Lecture/ Small group	Written/Viva Voce		
Phase 3, Part 1	OG27.2d	Discuss management of Genital TB	K	KH	Y	Small group discussion	Viva Voce		
Phase 3, Part 1	OG27.2e	Describe the complications and long term sequelae of genital Tuberculosis.	K	KH	Y	Small group discussion	Viva Voce		
	OG27.3	Describe and discuss the etiology, pathology, clinical features, differential diagnosis,	K	KH	Y	Lecture,small group	written/viva voce	Microbiolo	g Medicir
	0.02710	investigations, management and long term implications of HIV	**		_	discussion		X 7	_ (HIV

Phase 3, Part 2	OG27.3a	Describe and discuss the etiology and pathogenesis of HIV	K	KH	Y	Lecture	Written/ Viva Voce	
DI 0 D 10	OG27.3b	Describe the clinical presentation and HIV related gynaecological problems and differential diagnosis	K	KH	Y	Small group discussion	Viva Voce	
Phase 3, Part 2								
Phase 3, Part 2	OG27.3c	Discuss investigations for HIV	K	KH	Y	Small group discussion	Viva Voce	
Phase 3, Part 2	OG27.3d	Discuss the management and long term implications of HIV	K	KH	Y	Small group discussion	Viva Voce	
Phase 3, Part 2	OG27.3e	Discuss the importance of Contraception and counselling in HIV	K	KH	Y	Small group discussion	Viva Voce	
	OG27.4	Describe and discuss the etiology, pathology, clinical features, differential diagnosis,	K	KH	Y	Lecture, small group	written/viva voce	
	0027.4	investigations, management and long term implications of Pelvic Inflammatory Disease	K	KII	1	discussion	WILLEH/VIVA VOCE	
Phase 3, Part 2		Define Pelvic Inflammatory Disease	K	KH	Y	Lecture	Written/Viva Voce	
Phase 3, Part 2		Discuss the etiology of Pelvic Inflammatory Diseases	K	KH	Y	Lecture	Written/Viva Voce	
Phase 3, Part 2		Describe the pathology of Pelvic Inflammatory disease	K	KH	Y	Lecture	Written/Viva Voce	
Phase 3, Part 2	OG27.4d	Describe the clinical features of Pelvic Inflammatory Disease	K	KH	Y	Small Group Discussion	Written/Viva Voce	
Phase 3, Part 2		Discuss the differential diagnosis of Pelvic Inflammatory Disease	K	KH	Y	Small Group Discussion	Written/Viva Voce	
Phase 3, Part 2	OG27.4f	Discuss the investigations and management of Pelvic Inflammatory disease Discuss the long term sequelae of chronic Pelvic Inflammatory Disease	K	KH	Y	Small Group Discussion	Written/Viva Voce	
Phase 3, Part 2	OG27.4g	Discuss the long term sequence of chrome Fervic inflaminatory Disease	K	KH	Y	Small Group Discussion	Written/Viva Voce	
		Topic: Infertility Number of competencies: (04)	Nui	mber of	proc	edure require certific	ation:(NIL)	
		- Carrier Control of C			P	1		
		Describe and discuss the common causes, pathogenesis, clinical features, differential diagnosis;						
	OG28.1	investigations; principles of management of infertility – methods of tubal patency, ovulation	K	KH	Y	Lecture, seminars, bedsi	written/viva voce	
	0 0 2 0 1 1	induction, assisted reproductive techniques	11		•	de clinics	William Viva Vocc	
		induction, assisted reproductive techniques						
Phase 3, part 1	OG28.1a	Define, Classify and discuss the prevalence of infertility.	K	KH	Y	Lecture	Written/Viva Voce	
Phase 3, part 1	OG28.1b	Describe the common causes & pathogenesis of infertility	K	KH	Y	Lecture	Written/Viva Voce	
Phase 3, part 1		Discuss the causes of male & female Infertility	K	KH	Y	Bedside Clinics	Written/Viva Voce	
Phase 3, part 1		Discuss the investigations of Infertility	K	KH	Y	Bedside Clinics	Written/Viva Voce	
Phase 3, part 2	OG28.1e	Discuss the principles of management of infertility	K	KH	Y	Bedside Clinics	Viva Voce	
Phase 3, part 2	OG28.1f	Describe and discuss the methods of testing for tubal patency	K	KH	Y	Bedside Clinics	Written/Viva Voce	
Phase 3, part 2	OG28.1f	Describe and discuss the methods of testing for ovulation	K	KH	Y	Bedside Clinics	Written/Viva Voce	
_			K	KH	Y	Seminars	Viva Voce	
Phase 3, part 2		Discuss the indications and methods of ovulation induction						
Phase 3, part 2	OG28.1h	Enumerate and discuss various assisted reproductive techniques	K	KH	Y	Seminars	Viva Voce	
Phase 3, part 2	OG28.2	Enumerate the assessment and restoration of tubal patency	K	K	N	Lecture, seminars, bedsi	written/viva voce	
Thase 3, part 2	UG20.2	Enumerate the assessment and restoration of tubar patency	N	K	11	de clinics	written/viva voce	
Phase 3, part 2	OG28.2a	Enumerate and describe the methods for assessment of tubal patency	K	K	N	seminars/ bedside clinics	written/viva voce	
		A V						
Phase 3, part 2	OG28.2b	Enlist indications and contraindications for tuboplasty	K	K	N	seminars/ bedside clinics	Viva voce	
Phase 3, part 2	OG28.2b OG28.2c	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency	K K	K K	N N	seminars/ bedside clinics seminars/ bedside clinics Lecture, seminars, bedside	Written	
	OG28.2b	Enlist indications and contraindications for tuboplasty	K	K	- ,	seminars/ bedside clinics		
Phase 3, part 2	OG28.2b OG28.2c	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency	K K	K K	- ,	seminars/ bedside clinics Lecture, seminars, bedsid	Written	
Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations	K K K	K K K	- ,	seminars/ bedside clinics Lecture, seminars, bedsid Lecture, seminars, bedsi	Written Viva voce	
Phase 3, part 2	OG28.2b OG28.2c	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency	K K	K K	N N	seminars/ bedside clinics Lecture, seminars, bedsid	Written	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction	K K K	K K K	N N Y	Lecture, seminars, bedsi de clinics de clinics	Written Viva voce written/viva voce	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction	К К К	К К К КН	N N N	Lecture, seminars, bedside clinics Lecture, seminars, bedside clinics Lecture, seminars, bedside clinics Lecture, seminars, bedside clinics Lecture Seminar	Written Viva voce written/viva voce Written	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction	K K K	К К К КН КН	N N Y Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar	Written Viva voce written/viva voce Written Written	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b OG28.3c	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction Discuss the monitoring during ovulation induction	K K K K	К К К КН КН КН	N N N Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar	Written Viva voce written/viva voce Written Written written/viva voce	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b OG28.3c OG28.3d	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction Discuss the monitoring during ovulation induction Enumerate the complications of ovulation induction	K K K K K K	К К К КН КН КН	N N N Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Seminar/ Bedside clinics	Written Viva voce written/viva voce Written Written written/viva voce written/viva voce	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b OG28.3c	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction Discuss the monitoring during ovulation induction	K K K K	К К К КН КН КН	N N N Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar	Written Viva voce written/viva voce Written Written written/viva voce	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b OG28.3c OG28.3d	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction Discuss the monitoring during ovulation induction Enumerate the complications of ovulation induction	K K K K K K	К К К КН КН КН	N N N Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Seminar/ Bedside clinics	Written Viva voce written/viva voce Written Written written/viva voce written/viva voce	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b OG28.3c OG28.3d	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction Discuss the monitoring during ovulation induction Enumerate the complications of ovulation induction	K K K K K K	К К К КН КН КН	N N N Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Seminar/ Bedside clinics Seminar/ Bedside clinics	Written Viva voce written/viva voce Written Written written/viva voce written/viva voce	
Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2 Phase 3, part 2	OG28.2b OG28.2c OG28.2d OG28.3 OG28.3a OG28.3b OG28.3c OG28.3d	Enlist indications and contraindications for tuboplasty Enumerate various procedures for restoration of tubal patency Discuss the various tuboplasty operations Describe the principles of ovulation induction Enumerate and discuss the indications of ovulation induction Enumerate and discuss various drugs used for ovulation induction Discuss the monitoring during ovulation induction Enumerate the complications of ovulation induction	K K K K K K	К К К КН КН КН	N N N Y	Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Lecture/ Seminar Seminar/ Bedside clinics	Written Viva voce written/viva voce Written Written written/viva voce written/viva voce	

Phase 3, part 2	OG28.4a	Enumerate the various techniques of ART including sperm recovery.	K	K	l N	Lectures, seminars. oeusi	written/viva voce		
Phase 3, part 2	OG28.4b	Discuss indications and technique of IUI	K	K	N	Seminar/ Bedside clinics			
Phase 3, part 2	OG28.4c	Discuss indications and technique of IVF-ET	K	K	N	Seminar/ Bedside clinics	Viva Voce Viva Voce		
Phase 3, part 2	OG28.4d	Discuss briefly ICSI, embryo/oocyte donation and gestational surrogacy.	K	K	N	Seminaer Seminaer	Viva Voce		
Thase 3, part 2	0020.14	Discuss orienty rest, emeryo, overte domation and gestational surrogacy.	11	11	1	Semmer	VIVA V 000		
		Topic: Uterine fibroids Number of competencies: (01)	lumber o	f proce	dure	require certification:(NIL)		
		Describe and discuss the etiology; pathology; clinical features; differential diagnosis;					theory/OSCE/Clinical		
	OG29.1	investigations; principles of management, complications of fibroid uterus	K/A/C	KH	Y	Lecture, bedside clinics	assessment/viva voce		
Phase 3, Part2	OG29.1a	Define Uterine Fibroids	K	KH	Y	Lecture	Theory		
Phase 3, Part2	OG29.1b	Discuss the risk factors for development of Uterine Fibroids	K	KH	Y	Lecture	Theory		
Phase 3, Part2	OG29.1c	Describe the aetiology for development of Uterine Fibroids.	K	KH	Y	Lecture	Theory		
Phase 3, Part2	OG29.1d	Classify the Uterine Fibroids	K	KH	Y	Lecture	Theory/ Viva/ OSCE		
Phase 3, Part2	OG29.1e	Discuss the pathology of Uterine Fibroids.	K	KH	Y	Lecture	Theory		
Phase 3, Part2	OG29.1f	Describe the clinical features of Uterine Fibroids.	K	KH	Y	Lecture/ Bedside clinics	Clinical Assessment/		
Phase 3, Part2	OG29.1g	Describe and discuss the differential diagnosis of fibroid uterus	K	KH	Y	Lecture/ Bedside clinics	Clinical Assessment/		
Phase 3, Part2	OG29.1h	Discuss the principles of management for Uterine Fibroids.	K	KH	Y	Lecture/ Bedside clinics	Clinical Assessment/		
Phase 3, Part2	OG29.1i	Describe and discuss the management options for Uterine Fibroids.	K	KH	Y	Lecture/ Bedside clinics	Clinical Assessment/		
Phase 3, Part2	OG29.1j	Describe the complications of Uterine Fibroids.	K	KH	Y	Bedside clinics	Clinical Assessment/		
		Topic: PCOS and hirsuitism Number of competencies: (02)	Nun	nber of	proce	edure require certifica	ation:(NIL)		
							Lecture		
Phase 3, Part2	OG30.1	Describe and discuss the etiopathogenesis; clinical features; differential diagnosis; investigations;	K/A/C	KH	Y	lecture, bedside clinics	Theory/VivaVoce/OS		
		management, complications of PCOS					CE/Clinical		
							ASPSIIIPIII		
Phase 3, Part2	OG30.1a	Define PCOS & discuss the etiopathogenesis of PCOS	K	KH	Y	Lecture	Theory		
Phase 3, Part2	OG30.1b	Discuss the clinical features of PCOS	K	KH	Y	Small Group Discussion,	Clinical Assessment/		
Phase 3, Part2	OG30.1c	Discuss the differential diagnosis of PCOS	K	KH	Y	Small Group Discussion	Clinical Assessment/		
Phase 3, Part2		Enumerate & discuss the investigations for a case of PCOS	K	KH	Y	Small Group Discussion	Clinical Assessment/		
Phase 3, Part2	OG30.1d	Discuss the management of PCOS	K/A/C	KH	Y	Small Group Discussion	Clinical Assessment/		
Phase 3, Part2	OG30.1e	Discuss the long term complications of PCOS including lifestyle modification for its prevention	K/A/C	KH	Y	Small Group Discussion	Clinical Assessment/		
	+						i neory/ v iva		
Phase 3, Part2	OG30.2	Enumerate the causes and describe the investigations and management of hyperandrogenism	K	KH	N	Lecture	Voice/OSCE/ Clinical		
							Aggagamant		
Phase 3, Part2	OG30.2a	Enumerate the causes of hyperandrogenism	K	KH	N	Small Group Discussion	Theory, Viva Voce		
Phase 3, Part2	OG30.2b	Describe the investigations for a case of hyperandrogenism	K	KH	N	Small Group Discussion	Theory, Viva Voce Theory, Viva Voce		
Phase 3, Part2	OG30.2b	Discuss the management of a case of hyperandrogenism	K	KH	N	<u> </u>	Theory, Viva Voce		
111450 5, 14102	0 0000.20	Disease the management of a case of hyperanarogement	11	1111	1	Smarr Group Briseussion	Theory, viva voce		
		Topic: Uterine prolapse Number of competencies:(01)	N	Jumber	of pr	ocedure require certi	fication:(NIL)		
		1 (amor of competences (01)			or pr				
					1				
	OG31.1	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations,	K/S	KH	Y	Lecture/bedside clinics	Written/ Viva Voce/		
	0 00111	principles of management and preventive aspects of prolapse of uterus			_	Zectaro, scastae enines	Skill Assessment		
					<u> </u>				
DI 0.5	0.001		**	***			777		
Phase 3, Part1	OG31.1a	Define pelvic organ prolapse and discuss the aetilogy of prolapse	K	KH	Y	Lecture	Theory		
Phase 3, Part1	OG31.1b	Describe and discuss the classification of UV prolpase including POP Q and Shaw'a Classification	K	KH	Y	Lecture	Theory		
Phase 3, Part1	OG31.1c	Describe & discuss the clinical features of UV Prolapse	K	S	Y	Small Group Discussion,			
Phase 3, Part2	OG31.1d	Discuss the diagnosis & investigations of Prolapse	K	KH	Y	Small Group Discussion,			
Phase 3, Part2	OG31.1e	Discuss the principles of conservative (Non surgical) management of Prolapse	K	KH	V	Small Group Discussion,	1		
Phase 3, Part2	OG31.1f	Discuss the principles of surgical management of Prolapse	K	KH	1 Y	Small Group Discussion,	Viva Voce		

Phase 3, Part2	OG31.1g	Discuss the preventive aspects of prolapse of uterus	K/C	KH	Y	Small Group Discussion,	Viva Voce		
		Topic: Menopause Number of competencies: (02)		Jumbar	of pr	 ocedure require certi	fication:(NII)		
		Topic. Wenopause Number of competencies.(02)	1		or pr		ilcation.(IVIL)		+
	OG32.1	Describe and discuss the physiology of menopause, symptoms, prevention, management and the role of hormone replacement therapy.	K	KH	Y	all Group Discussion, Be	Written/ Viva Voce/ Skill Assessment		
1 2 1	0.022.1		17	1711	37	T	7D1 77' 77		
phase 3, part 1		Describe the physiology of menopause	K K	KH KH	Y	Lecture Small Group Discussion,	Theory, Viva Voce Theory, Viva Voce		+
phase 3, part 1 Phase 3, Part2	OG32.10	Discuss the Symptoms and prevention of symptoms of menopause Discuss the Management of menopausal symptoms and the role of hormone replacement therapy.	K	KH		Small Group Discussion,	Theory, Viva Voce Theory, Viva Voce		+
DI 0 D 0	0.000					W.C. Di i D			
Phase 3, Part2	OG32.2	Enumerate the causes of postmenopausal bleeding and describe its management	K	KH	Y	all Group Discussion, Be	Written/ Viva Voce/		+
Phase 3, Part2	OG32.2a	Enumerate the causes of postmenopausal bleedingt	K	KH	Y	Lecture	Theory		
Phase 3, Part2	OG32.2b	Enumerate & Discuss the investigations for postmenopausal bleeding	K	KH	Y	Small Group Discussion,	Viva voce/Theory		
Phase 3, Part2	OG32.2c	Describe th emanagement of Postmenopausal bleeding	K	KH	Y	Small Group Discussion,	Viva voce/Theory		
		Topic: Benign, Pre-malignant (CIN) and Malignant Lesions of the cervix	<u> </u> Number o	f comp	l etenci	es:(04)	Number of prod	edure require certi	 ificatio
	OG33.1	Classify, describe and discuss the etiology, pathology, clinical features, differential diagnosis, invo		KH	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment		
Phase 3 part 1	OG33.1a	Enumerate the risk factors and causes of cervical cancer	K	KH	Y	Lecture	written		
Phase 3 part 2	OG33.1a	Classify the histopathologic types of cervical cancer	K	K	Y	Lecture	written		+
_									
Phase 3 part 1	_	Describe the latest FIGO staging of Cervical Cancer	K K	KH KH	Y	Lecture Small Crown Disaussian	written Viva voce		+
Phase 3 part 1 Phase 3 part 2		Describe the signs & symptoms of cervical cancer Discuss the differential diagnosis of Cervical cancer	K	KH	Y	Small Group Discussion Small Group Discussion			+
Phase 3 part 2	OG33.1f	Write the investigations required for diagnosis and work-up for management of cervical cancer	K	KH	Y	Bedside clinic	Viva voce		
	OG33.2	Describe the principles of management including surgery and radiotherapy of Benign, Premalignant (CIN) and Malignant Lesions of the Cervix	K	КН	Y	Lecture, Small group discussion, Bedside clinics	Written/ Viva voce/ Skill assessment	Ge	eneral su
Phase 3 Part 1	OG33.2a	Classify benign, premalignant and malignant lesions of cervix	K	K	Y	Lecture	Written/ Viva Voce		+
Phase 3 Part 1	OG33.2b	Describe the development of CIN from transformation zone and its progression to invasive cancer.	K	KH	Y	Lecture	Written/ Viva Voce		
Phase 3 Part 2			K	KH	Y	Lecture	Written/ Viva voce/		+
Phase 3 Part 2		Discuss the evaluation of abnormal PAP smear	K	KH	Y	Small group discussion	Viva Voce		1
Phase 3 Part 2	OG33.2e	Discuss the various treatments of CIN1, CIN2 and CIN3 in terms of ablative and excisional methods.	K	KH	Y	Lecture, Sman group	Written/ Viva voce		1
Phase 3 Part 2		Describe the stage wise treatment plan of ca cervix according to the new FIGO staging	K	KH	Y	Licture; Sınlan gidap Licture; Sınlan gidap	Written/ Viva voce		
Phase 3 Part 2			K	KH	Y	diagrapion Dadaida	Written/ Viva voce		
Phase 3 Part 2		Enumerate the components of radical hysteractomy	K	KH	Y	Lecture	Written/ Viva voce		
Phase 3 Part 2	OG33.2i	Describe the basic principles and techniques of radiotherapy.	K	KH	Y	Lecture	Written/ Viva voce		+
	OG33.3	Describe and demonstrate the screening for cervical cancer in a simulated environment	K/S	SH	Y	DOAP Session	Skill assessment	Community med	icine
Phase 3 part 1	OG33.3a	Describe the protocols for cervical cancer screening as per national and international guidelines	K	KH	Y	Lecture	Written/ Viva voce/ Skill assessment		
Phase 3 part 1	OG33.3b	Describe the methods of VIA, VILI & Pap Smear	K	KH	Le	cture/ Small group discuss	written/ Viva voce/		+
Phase 3 part 1		Describe the prerequisites for taking a pap smear.	K	SH	Y	Small group discussion	Skill assessment		1
Phase 3 part 1		Enumerate the steps of taking Pap Smear	K	SH	Y	DOAP Session	Skill assessment		1
Phase 3 part 1			S	SH	Y	DOAP Session	Skill assessment		<u> </u>
Phase 3 part 1		Demonstrate performance of VIA/VILI in a simulated environment	S	SH	Y	DOAP Session	Skill Assessment		
Phase 3 part 2	OG33.3g	Interpret the result of VIA/VILI	K	SH	Y	DOAP Session	Skill Assessment		
	1		1						1

		Enumerate the methods to prevent cancer of cervix including visual inspection with acetic acid				Lecture, small group			
	OG33.4	(VIA), visual inspection of cervix with Lugol's iodine (VILI), pap smear and colposcopy	K	K	Y	discussion, bedside	viva voce/written		
		// // // // // // // // // // // // //				clinics			
DI	0.000.4		17	7.7	T 7	T	•		
Phase 3 Part 1	OG33.4a	Enumerate the screening modalities of ca cervix including VIA,VILI,PAP smear and colposcopy.	K	K	Y	Lecture	written		
Phase 3 Part 1	OG33.4b	Discuss the visual inspection methods, their basis, interpretation, advantages and disadvantages	K	KH	Y	cture, Small Group discussi	Viva Voce		
Phase 3 Part 1	OG33.4c	Discuss the cytological screening of cervical cancer, their advantages and limitations	K	K	Y	Lecture	Viva Voce/ Written		
Phase 3 part 2	OG33.3d	Discuss Bethesda system of reporting Pap smear.	K	KH	Y	ecture/ Small group discussion	Written		
Phase 3 part 2	OG33.4e	Describe indications of colposcopy, its basis and interpretation	K	K	Y	Lecture	Viva Voce/ Written		
		Topic: Benign and malignant diseases of the uterus and the ovaries Number	r of com	netenci	oc•(N/	Number o	f procedure require	cortification (N	111)
			or com	Petener	LS.(UT	1 Tulliber 0			
		Describe and discuss aetiology, pathology, staging clinical features,					viva		
	OG34.1	differential diagnosis, investigations, staging laparotomy and	K	KH	Y	Lecture,bedside clini	voce/written/skill		
		principles of management of endometrial cancer					assessment		
Phase 3 Part 2	OG34.1a	Enumerate the risk factors and causes of Endometrial cancer	K	K	Y	Lecture	Written		
Phase 3 Part 2	OG34.1b	Classify the histopathologic types of endometrial cancer and type them into low risk and high risk	K	K	Y	Lecture	Written		
		categories Describe the letest FICO steering of Endometrial Concern			Y		Written		
hase 3 Part 2 hase 3 Part 2	OG34.1c	6 6	K K	K KH	V	Lecture Lecture, bedside clinic			
hase 3 Part 2	OG34.1a	Describe the signs and symptoms of endometrial cancern Enumerate the differential diagnosis of Endometrial cancer	K	KH	V	Lecture, bedside clinic	viva voce/written viva voce	+	
					1		skill assessment/ Viva		
Phase 3 Part 2	OG34.1f	write the investigations required for diagnosis and work-up for management of endometrial cancer	K	KH	Y	Lecture, bedside clinic	voce		
		Describe and discuss the techniques of endometrial sampling - endometrial biopsy and endometrial					7000		
Phase 3 Part 2	OG34.1g	aspiration cytology	K	KH	Y	Lecture, bedside clinic	viva voce/written		
Phase 3 Part 2	OG34.1h	Describe the steps of staging laparotomy	K	KH	V	Lecture, bedside clinic	viva voce/written		
Phase 3 Part 2	OG34.1ii	Discuss the principles of management	K	KH	V	Lecture, bedside clinic	VIVA VOCE/WITTEN		
nase 3 Tart 2	0034.11	Discuss the principles of management	11	IXII	1	Lecture, ocuside enine	aaaaaamant		
		Describe and discuss the etiology, pathology, classification, staging					Theory/OSCE/		
	OG34.2	of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management	K/S	KH	Y	Lecture	Clinical		
	0 00 112	including staging laparotomy	22,2		_		assessment/viva voce		
hase 3 Part 2	OG34.2a	Enumerate the causes and risk factors for ovarian cancer	K	KH	Y	Lecture	viva voce		
hase 3 Part 2	OG34.2b	Classify the histopathologic types of ovarian cancer and type epithenal ovarian cancer into low risk	K	KH	Y	Lecture	Theory		
hase 3 Part 2	OG34.2c	Describe the latest FIGO staging of Ovarian cancer	K	KH	Y	Lecture	Theory		
hase 3 Part 2	OG34.2d	Describe signs and symptoms of ovarian cancer	K	KH	Y	Lecture	Theory		
hase 3 part 2	OG34.2e	Enumerate the differential diagnosis of ovarian cancer	K	KH	Y	Lecture	clinical assessment		
hase 3 part 2	OG34.2f	Write the investigations required for diagnosis and work-up for management of ovarian cancer	K	KH	Y	Lecture	clinical assessment		
hase 3 part 2		Describe the steps of staging laparotomy	K	KH	Y	Lecture	viva voce		
hase 3 part 2	OG34.2h	Discuss the principles of management	K	KH	Y	Lecture	clinical assessment		
	†	Describe and discuss the etiology, pathology, classification, staging,					m 10.000 1000 1000 1000 1000 1000 1000 1		
			K/S	KH	Y	Lecture	Theory/OSCE/Clinica		
	OG34.3	clinical features, differential diagnosis, investigations and		1711			0.000.00000004		
	OG34.3	clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease	IX/S				l assessment		
	OG34.3	clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease	11/5	KII			1 assessment		
Phase 3 Part 1		management of gestational trophoblastic disease	K/S	KH	Y	Lecture	Theory		
Phase 3 Part 1 Phase 3 Part 1	OG34.3a	management of gestational trophoblastic disease				Lecture Lecture			$\frac{1}{2}$

Phase 3 Part 1	OG34.3d	Describe signs and symptoms of molar pregnancy	K	KH	V	Lecture	clinical assessment		
Phase 3 Part 1		Enumerate the differences between partial mole and complete mole	K	KH	Y		ry/OSCE/Clinical assessr	nent	
Phase 3 Part 1		Discuss the differential diagnosis of molar pregnancy	K	KH	V	Small Group Discussion	clinical assessment	Hent	
Phase 3 Part 1		Discuss the diagnosis and work up of molar pregnancy	K	KH	V	ture/ Small Group Discuss	clinical assessment		
Phase 3 Part 1		Describe the management and follow up of Hydatidiform mole	S	KH		ture/ Small Group Discuss	clinical assessment		
Phase 3 Part 2		Enumerate the risk factors for development of GTN	K	KH	Y	Lecture	theory		
Phase 3 Part 2		Describe staging and WHO scoring for gestational trophoblastic neoplasia	K	KH	Y	Lecture	Theory		
Phase 3 Part 2		Describe staging and with scoring for gestational dophoblastic neoplasia Describe investigations for diagnosis and treatment of GTN	K	KH	Y	Lecture	clinical assessment		
Phase 3 Part 2		Discuss the principles of management and follow up of GTN	K	KH	Y	Lecture	clinical assessment		
Thase 3 Fart 2	0034.31	Discuss the principles of management and follow up of GTTV	IX	KII	1	Lecture	chinear assessment		
		Operative Gynaecology: Understand and describe the technique and complications: Dilatation &				Videos, on			
		Curettage (D&C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for				maniquins, observe			
	OG34.4	ovarian tumours; staging laparotomy; vaginal hysterectomy including pelvic floor repair;	K/S	SH	Y	procedures and surgery	VIVA VOCE		
		Fothergill's operation, Laparoscopy; hysteroscopy;				in OR			
		management of postoperative complications				III OK			
	07724.4					2 11 2 21	*****		
Phase 3 Part 1		Enumerate the indications of Dilatation & Curettage	K	KH	Y	Small Group Discussion	VIVA VOCE		
Phase 3 Part 1		Describe the steps of Dilatation & Curettage	S	SH		eos/observe procedures in			
Phase 3 Part 1		Enumerate the complications of D&C and describe their management	K	KH	Y	Small Group Discussion			
Phase 3 Part 1		Enumerate the indications of endometrial aspiration and endocervical curettage	K	SH	Y	Small Group Discussion			
Phase 3 part 2		Describe the steps of Endometrial aspiration and ECC and their complications	K	SH	Y	eos/observe procedures in			
Phase 3 Part 1	_	Enumerate the methods of cervical biopsy and their indications				Small Group Discussion	VIVA VOCE		
Phase 3 part 2		· · · ·	K	SH		eos/observe procedures in			
Phase 3 part 2	OH34.4h	Describe the steps of abdominal hysterectomy	K	SH		eos/observe procedures in			
Phase 3 part 2	OH34.4i	Describe the steps of myomectomy and its complications	K	SH	Y	eos/observe procedures in	VIVA VOCE		
Phase 3 part 2	ОН34.4ј	Describe the techniques of surgery for benign ovarian tumours	K	SH	Y	deos/observe surgery inO	VIVA VOCE		
Phase 3 part 2	OH34.4k	Describe the steps of staging laparotomy	K	SH	Y	deos/observe surgery inO	VIVA VOCE		
Phase 3 part 2	OH34.41	Describe the steps of vaginal hysterectomy	K	SH	Y	deos/observe surgery inO	VIVA VOCE		
Phase 3 part 2	_	Describe the steps of pelvic floor repair	S	SH	Y	deos/observe surgery inO	VIVA VOCE		
Phase 3 part 2	OH34.4n	Describe the steps of Fothergill's operation	S	SH	Y	deos/observe surgery inO			
Phase 3 part 2		Enumerate the intraoperative & postoperative complications of major gynecological surgery, their presentations a	K	KH	Y	le Clinics/ Small group discu			
Phase 3 part 2	-	Describe the steps of diagnostic and operative laparoscopy	S	SH	Y	deos/observe surgery inO			
Phase 3 part 2	1	Discuss the complications of laparscopy, their prevention and management	K	KH	Y	le Clinics/ Small group discu			
Phase 3 part 2	OH34.4r	Describe the steps of diagnostic & operative hysteroscopy			v	ideos/observe surgery inO			
Phase 3 part 2		Discuss the complications of hysteroscopy, their prevention and management	K	KH	Y	le Clinics/ Small group discu			
Phase 3 part 2	OH34.4t	Identify the instruments used for operative gynecology	S	SH	Y	Small group discussion	VIVA VOCE		
Thuse 5 part 2	0113 1.10	identify the instruments used for operative gynecology	<u> </u>	SII .	1	Sman group discussion	VIVII VOCE		
		Topic: Obstetrics & Gynecological skills-I Number of compet	encies:(17)			Number of proce	edure require c	ertification:(1
Phase 2	OG35.1	Obtain a logical sequence of History, and perform a humane and thorough clinical examination, ex	K/S	SH	Y	Bedside clinic	Clinical asessment/viva	ĺ	
Thuse 2	0033.1	Obtain a logical sequence of History, and perform a numane and thorough chinear examination, ex	TO S	DII	1	Bedside enime	voce		
						_ ,			
Phase 2	OG35.1a	Demonstrate history taking from an obstetric patient in a logical sequence	K	SH	Y	Bedside Clinic	Viva Voce		
Phase 2	OG35 1h	Demonstrate history taking from a gynecological patient in a logical sequence	K	SH	Y	Bedside Clinic	Clinical assessment		
Tituse 2	0033.10	Demonstrate instory taking from a gynecological patient in a logical sequence	17	511	1	Deuside Citille	Chinear assessment		
Phase 2	OG35.1c	Establish a rapport with the patient and make her comfortable							
D1 - 2			K	SH	Y	Bedside clinic	Clinical assessment		
Phase 2	OG35.1d	Ensure privacy, take consent and ensure presence of a female attendant in case of a male doctor, before starting the remaindress that the general condition, vitals, general physical examination,	e examinati	ion		5	Clinical assessment		
Phase 2	OG35.1e	and a desired and a second and	<u>ა</u>	SII	Y	Bedside clinic	clinical assessment		
Phase 2	OG35.1f	Ensure patient comfort throughout the examination	S	SH	Y	Bedside clinic	Clinical Assessment		
DI 25 12	0.025.5		WT IO		•••	B 111 "			
Phase 3Part 2	OG35.2	Arrive at a logical diagnosis after examination	K/S	SH	Y	Bedside clinics	iical assessment or viva vo	ce	
R.	•			-	-	-			

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Phase 3, Part2		Based on history and examination reach a provisional diagnosis	K	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.2b	Make differential diagnosis from history and examination	K	SH		Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.2c	Logically eliminate the unlikely diagnosis to reach the correct one	K	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.2d	Make list of all the investigations which should be performed for final diagnosis	K	SH	Y	Bedside clinics	Clinical assessment	+
		Recognize situations which call for urgent or early treatment at secondary and tertiary centres			 		 	
Phase 3 Part 2	OG35.3	and make a prompt referral of such patients after giving first aid or emergency treatment	K/S	SH	Y	Bedside clinics	nical assessment or viva voce	
		and make a prompt reterral of such patients after giving first and of emergency treatment					incar assessment of viva voce	
Phase 3, Part2	OG35.3a	Enumerate alinical situations in a program typemen that require urgant americancy treatment	K	SH	Y	Bedside clinics	Clinical assessment/ Viva	
Phase 3, Part2	OG35.3b	Enumerate clinical situations in a pregnant women that require urgent emergency treatment Enumerate clinical situations in a gynecological patient that require urgent emergency treatment	K	SH	Y	Bedside clinics	Clinical assessment/ Viva	
Phase 3, Part2	OG35.3c	Enumerate acute symptoms requiring emergency treatment in an obstetrical patient	K	SH	Y	Bedside clinics	Clinical assessment/ Viva	
Phase 3, Part2	OG35.3d		K	SH	Y	Bedside clinics	Clinical assessment/ Viva	
Phase 3, Part2	OG35.3e	Describe clinical findings of an acute emergency in an obstetric patient Discuss emergency treatment of common obstetrical emergencies like Ectampsia, AFTI, FFTI, SHOCK	K	SH	Y	Bedside clinics	Clinical assessment/ Viva	
Phase 3, Part2	OG35.3f	Discuss the concept of first aid including airway, breathing, circulationand supportive care	S	SH	Y	Bedside clinics	Clinical assessment/ Viva	
Phase 3, Part2	OG35.3g	Discuss the concept of first aid including airway, breathing, circulationand supportive care write a referrar or a petient in emergency situation after giving emergency treatment, describe an the	S	SH	Y	Bedside clinics	Clinical assessment/ Viva	
1 11430 3, 1 4112	0033.3g	insecutors information related to nations care	5	DII	1	Bedside ciniies	Chinear assessment viva	
		Demontrate interpersonal and communication skills befitting a physician in order to discuss					Clinical assessment/	
Phase 3, Part2	OG35.4	illness and its outcome with patient and family	A/C	SH	Y	Bedside clinics	viva voce	
		Indicate the rest of the second with particle and raining					1114 1000	
Phase 2	OG35.4a	Demonstrate how to start conversation with a patient and her family	A	SH	Y	Bedside clinics	Clinical assessment	
Phase 2	OG35.4b	Demonstrate greeting the patient, introducing yourself to the patient and her family	A	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.4c	Demonstrate ability to establish a rapport with the patient and her family while discussing illness	A	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.4d	Communicate all the details of illness along with documented facts	С	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.4e	Disucss the possible outcomes to the patient and her family in a language to make them understand	С	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.4f	Encourage patient and family to ask their queries and express their fears and anxieties	A	SH	Y	Bedside clinics	Clinical assessment	
Phase 3, Part2	OG35.4g	Demonstrate steps to break a bad news in an empathetic manner	С	SH	Y	Bedside clinics	Clinical assessment	
D1 0	0.005.5		****	G**				
Phase 2	OG35.5	Determine gestational age, EDD and obstetric formula	K/S	SH	Y	Bedside clinics	Clinical assessment	
DI O	0.635.5			CII	7.7	D 1 1 1 1 1		
Phase 2		Determine the gestational age & EDD from LMP	S	SH	Y	Bedside clinics	Clinical assessment	
Phase 2		Discuss the role of ultrasound in dating pregnancy	K	SH	Y	Bedside clinics	Clinical assessment	
Phase 2		Determine gestational age & EDD in the absence of reliable LMP dates	S	SH	Y	Bedside clinics	Clinical assessment	
Phase 2	UG35.50	Write an obstetric formula for a pregnant woman	S	SH	Y	Bedside clinics	Clinical assessment	
							Clinical assessment or	
	OG35.6	Demonstrate ethical behaviour in all aspects of medical practice	A/C	SH	Y	Bedside Clinics	viva voce	
							viva voce	
Phase 2	OG35 6a	Discuss principles of ethical behaviour in medical practice	K	SH	Y	Bedside Clinics	Clinical assessment	
Thuse 2	0033.04	Discuss principles of edited behaviour in medical practice	- IX	DII	1	Deuside Cilines	Cimical assessment	
Phase 3 Part 2	OG35.6b	Demonstrate to be respectful and not to be judgemental during interactions with the patients	С	SH	Y	Bedside Clinics	Clinical assessment	
Phase 3 Part 2	OG35.6c	Demonstrate respecting autonomy of the patient in her management	A	SH	Y	Bedside Clinics	Clinical assessment	
Phase 3 Part 2	OG35.6d	Demonstrate ethical behaviour during examination of a female patient	A	SH	Y	Bedside Clinics	Clinical assessment	
	0.005.5		a	CTT		D 1 1 1 GW 1	Clinical assessment or	
	OG35.7	Obtain informed consent for any examination or procedure	S	SH	Y	Bedside Clinics	viva voce	
	1			1			+ +	+
phase 2	OC35.7c	Discuss the components of informed consent	S	SH	Y	Bedside Clinics	Clinical assessment/ Viva	-
phase 2		Discuss the eligibility criteria for giving consent in the contex tof Obstetrics & Gynnecology	S	SH	Y	Bedside Clinics Bedside Clinics	Clinical assessment/ Viva	
phase 2		Select appropriate consent form for different procedures in Obstetrics & Gynecology	S	SH	Y	Bedside Clinics Bedside Clinics	Clinical assessment Clinical assessment	
phase 2	-	Demonstrate taking consent for examination of a female patient	S	SH	Y	Bedside Clinics Bedside Clinics	Clinical assessment Clinical assessment	+
phase 3 part 2		Demonstrate taking consent for a procedure in a simulated environment	S	SH	Y	Bedside Clinics	Clinical assessment Clinical assessment	
phase 3 part 2		Demonstrate taking consent for a procedure in a simulated environment Demonstrate the documentation of informed consent	S	SH	Y	Bedside Clinics	Clinical assessment	
phase 3 part 2	0055.71	Demonstrate the documentation of infollied consent	ى ا	211	_ <u> </u>	Deusiue Clillies	Chincal assessment	

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Phase 3 Part 2	OG35.8	Write a complete case record with all necessary details	S	SH	Y	Bedside	Clinical assessment or viva voce	
Phase 3 Part 2	OG35.8a	Write a complete case record including history, examination, investigations, differential diagnosis and provisional diagnosis	S	SH	Y	Bedside Clinics	Clinical assessment	
Phase 3 Part 2	OG 35.9	Write a proper discharge summary with all relevant information	S	SH	Y	Bedside	Clinical assesment	
Phase 3 Part 2 Phase 3 Part 2		Write a proper discharge summary with all relevant information including diagnosis, treatment given, h	S	SH	Y	Bedside Clinics	Clinical assessment	
Phase 3 Part 2		Write all the relevant investigations on the discharge card Write proper patient instructions with follow up schedule in legible writing with appropriate signature	S	SH	Y	Bedside Clinics	Clinical assessment	
Phase 3 Part 2	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 or viva voce	
Phase 3 Part 2	OG35.10a	write a proper referral including diagnosis, reason for referral, Case summary, investigations and trear	S	SH	Y	Bedside Clinics	viva voce	
Phase 2	OG35.11	Demonstrate The correct use of appropriate universal precautions for self protection against HIV	S	SH	Y	DOAP session	Skill assessment	
Phase 2 Phase 2		Enumerate the components of the universal precautions Enumerate about the body fluids for which universal precautions need to be used	K K	KH KH	Y	Small group discussion Small group discussion	Short notes/ viva Short notes/ viva	
Phase 2 Phase 2	0033.110	Enumerate about the body fluids for which universal precautions need to be used List four main universal precautions standard precuations, nand hygiene, personal protective againment, needle stick injury prevention and cleaning and disinfection Demonstrate correct method of hand washing	K S	KH SH	Y	Small group discussion DOAP Session	Short notes/ viva Skill assessment	
Phase 2 Phase 2	OG35.11f	Demonstrate wearing of gown and gloves correctly before a procedure Demonstrate the disposal of used needles, syringes and sharps	S S	SH SH	Y Y	DOAP Session DOAP Session	Skill assessment Skill assessment	
Phase 2 Phase 2	OG35.11g OG35.11h	Discuss the biomedical waste disposal Demonstrate action to be taken after needle stick injury from a known/unknown fir v status patient and	S S	SH SH	Y	DOAP Session DOAP Session	Skill assessment Skill assessment	
Phase 3 part 2	OG35.12	Obtain a pap smear in a simulated environment	S	SH	Y	DOAP session	Skill assesment	
Phase 3 part 2 Phase 3 part 2		Select patient for pap smear testing Counsel a patient before Pap Smear	S S	SH SH	Y	Small Group discussion DOAP Session	Viva Voce Skill assessment	
Phase 3 part 2 Phase 3 part 2 Phase 3 part 2	OG35.12c	Identify correct instruments for testing Enumerate correct steps of pap smear	S S	SH SH	Y	DOAP Session DOAP Session	Skill assessment Skill assessment	
Phase 3 part 2 Phase 3 part 2 Phase 3 part 2	OG35.12e	Observe Pap Smear procedures in OPD Demonstrate taking a pap smear correctly in simulated environment	S S	SH SH	Y	Observe in OPD DOAP Session	Log book Skill assessment	
Phase 3 part 2		Discuss the errors while taking a pap smear and how to prevent them	S	SH	Y	Small Group discussion	Viva Voce	
Phase 3 Part 1	OG35.13	Demonstrate the Correct technique to perform Artificial rupture of membranes in a simulated/supervised environment	S	SH	Y	DOAP session	Skill assessment	
Phase 3 Part 1		Describe ARM as a method of induction labour and its augmentation	S	SH	Y	Small group discussion	Skill assessment	
Phase 3 Part 1 Phase 3 Part 1	OG35.13c	Enumerate prerequistes before ARM Identify correct instruments for ARM	S S	SH SH	Y Y	Small group discussion DOAP session	Skill assessment Skill assessment	
Phase 3 Part 1 Phase 3 Part 1	OG35.13f	Enumerate correct steps of ARM Discuss the important timigs to be checked regarding animotic fluid, retai and material mointoring	S S	SH SH	Y Y	DOAP session DOAP session	Skill assessment Skill assessment	
Phase 3 Part 1 Phase 3 Part 1		Observe ARM in labour room Demonstrate the correct technique to perform ARM in a simulated environment	S S	SH SH	Y	DOAP session DOAP session	Log book Skill assessment	
Phase 3 Part 1	OG35.14	Demonstrate the Correct technique to perform and suture episotomy in a simulated/supervised environment	S	SH	Y	DOAP Session	Skill assessment	
Phase 3 Part 1	OG35.14a	Enumerate the indications of episiotomy	K	КН	Y	Small Group Discussion	Viva Voce	

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Phase 3 Part 1		Enumerate various types of episotomy and discuss their advantages/ disadvantages	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3 Part 1		Describe tissue layers cut during the procedure	K	KH	Y	DOAP Session	Viva Voce			
Phase 3 Part 1	-	Describe the right time in stage of labour when episotomy is to be given	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 Part 1		Identify correct instruments and suture material for episotomy	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 Part 1		Enumerate correct steps of episotomy- demo on episotomy suture model	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 Part 1		Observe Episiotomy suturing in labour room	S	SH	Y	DOAP Session	Log book			
Phase 3 Part 1	OG35.14h	Demonstrate correct technique to perform and suture episiotomy in a simulated environment	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.15	Demonstrate the Correct technique of insertion and removal of an IUD in a simulated/supervised	S	SH	Y	DOAP session	Skill assessment			
Thase 5 part 2	0033.13	environment	ט	DII	•	DOM Session	OKIII discissificiti			
Phase 3 part 2	OG35.15a	Describe various types of and indications/ contramdications of insertion of 10D as well as about	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3 part 2	OG35.15b	Enumerate prerequistes before IUD placement	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3 part 2	OG35.15c	Identify correct instruments for IUD insertion and postpartum IUD insertion	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.15d	Enumerate correct steps of IUD insertion	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.15e	Discuss the post insertion counselling of patients	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.15f	Describe the steps of removal of IUD and advise thereafter	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.15g	Demonstrate correct technique IUCD insertion in simulated environment	S	SH	Y	DOAP Session	Skill assessment			
-		observe insertion and removal of IUD during family planning posting	S	SH	Y	Bed side Clinic	Log Bppk			
							<u> </u>			
		Diagnose and provide emergency management of antepartum and								
Phase 3 Part 2	OG35.16	postpartum hemorrhage in a simulated / guided environment	K/S	SH	Y	DOAP session	Skill assessment			
	1	postpartum nemorringe in a simulated / garded en / norment								+
Phase 3 part 2	OG35 16a	Enlist the causes of antepartum hemorrhage	K	K	Y	Lecture	Written			+
Phase 3 part 2		Discuss the clinical features and investigations needed to diagnose a case of APH	K	KH	V	Small Group Discussion	Written			+
Phase 3 part 2		Enumerate the differenting features between placenta previa and abruptio placantae	TZ.	KH	V	Small Group Discussion	skill assessment			+
Phase 3 part 2		Diagnose a case of APH and its likely cause in a simulated environment	S	SH	V	DOAP Session	skill assessment			
		Discuss assessment of degree/ severity of hemorrhagic shock	<u>S</u>	SH	V	DOAP Session	skill assessment			+
Phase 3 part 2			K	KH	V					+
Phase 3 part 2		Enumerate blood products and its replacement in accordance to severity of shock			V	Small Group Discussion	skill assessment Viva Voce			+
Phase 3 part 2		Describe step wise general supportive management of any kind of obstetric hemorrhage	S	SH	Y	DOAP Session				
Phase 3 part 2		Demonstrate emergency management for a case of APH in a simulated environment	S	SH	.	DOAP Session	Log Book			
Phase 3 part 2		Enlist the causes of Postpartum hemoorhage	K	K	Y	Lecture	Written			
Phase 3 part 2	•	Discuss differentiating between atonic and traumatic PPH	K	K	Y	Lecture	Written			
Phase 3 part 2		Diagnose a case of PPH and its likely causes in a simulated environment	S	SH	Y	DOAP Session	Log Book			
Phase 3 part 2		Describe the stepwise approach for management of PPH	S	SH	Y	Small Group Discussion	Viva Voce			
Phase 3 part 2	OG35.16m	Demonstrate emergency management for a case of PPH in a simulated environment	S	SH	Y	DOAP Session	Log Book			
										+
Phase 2	OG35.17	Demonstrate the correct technique of urinary catheterisation in a	S	SH	Y	DOAP session	Skill assessment			
		simulated/ supervised environment								
	000015					a				
Phase 2		Enumerate the indications of urinary catheterization	K	KH	Y	Small group discussions	Viva Voce			
Phase 2	-	Identify different types of urinary catheters and their indications	S	SH	Y	Bedisde clinics	Skill assessment			
Phase 2		Enumerate steps of insertion of Foley's catheter	S	SH	Y	DOAP	Skill assessment			
Phase 2	OG35.17d	Demonstrate supervised insertion of Foley's catheter during unit ward postings/ elective OT	S	SH	Y	DOAP	Skill assessment			
		Topic: Obstetrics & Gynecological skills-II Number of competencies:	03)			Number of pro	cedure require certi	fication:(NIL)	
DI 2 2	0.0364	Plan and institute a line of treatment which is need based, cost effective and appropriate for	T T (C)	CTT	T 7	Bedside clinics, small	Clinical			
Phase 3, part 2	OG36.1	common conditions taking into consideration (a) patient (b) disease (c) socio economic status (d)	K/S	SH	Y	group discussions	assessment/viva voce			
	+	institution/Governemnt guidelines				_				+
		Describe various gynaecological conditions where different treatment, ontions need to be tailored								+
Phase 3, part 2	OG36.1a	Describe various gynaecological conditions where different treatment options need to be tailored	K	SH	Y	small group discussions	viva voce			
	1	according to need and cost effective approach			<u> </u>					+
Phase 3, part 2	OG36.1b	Plan and institute an appropriate line of treatment for a case of PID which is tailored according to the	S	SH	Y	Bedside Clinics	Clinical assessment			
	00261	patient, her socio economic status and institutional guidelines								+
Phase 3, part 2		Plan and institute an appropriate line of management for a case of recurrent pregnancy loss								+
Phase 3, part 2	OG36.1d	Plan and institute an appropriate line of management for a case of anaemia in pregnancy								
Ī	1			1	Ī	1				

	T				F	1			 _
Phase 3, part 2	OG36.2	Organize antenatal, postnatal, well baby and family welfare clinics	K/S	KH	Y	Bedside clinics	Clinical		
riase 5, part 2	0030.2	Organize untenatur, postnatur, wen buby and raining wentere entires	IX/O	IXII	•	Deusiue enines	assessment/viva voce		
Phase 3 Part 1	OG36.2a	Enumerate the services offered at antenatal, postnatal, well baby anf family welfare clinics	K	KH	Y	Bedside Clinics	Viva Voce		
Phase 3 Part 2	OG36.2b	Discuss the establishment of antenatal clinic after observing the institutional antenatal clinic	K	KH	Y	Bedside Clinics	Viva Voce		
Phase 3 Part 2	OG36.2c	Discuss the establishment of postnatal clinic after observing the institutional antenatal clinic	K	KH	Y	Bedside Clinics	Viva Voce		
Phase 3 Part 2	OG36.2d	Discuss the establishment of well baby clinic after observing the institutional antenatal clinic	K	KH	Y	Bedside Clinics	Viva Voce		
Phase 3 Part 2	OG36.2e	Discuss the establishment of family welfare clinic after observing the institutional antenatal clinic	K	KH	Y	Bedside Clinics	Viva Voce		
							CII . I . I		
Phase 3 Part 2	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		
DI 2.D2	00262		17	7711	***	G 11 G D: :			
Phase 3 Part 2	OG36.3a	Enumerate indications of punch biopsy of cervix and proper site for biopsy	K	KH	Y	Small Group Discussion			
Phase 3 Part 2	OG36.3b	Discuss different methods to select the proper site for cervical biopsy	S	SH	Y	Bedside clinics	Viva Voce		
Phase 3 Part 2	OG36.3c	Identify correct instrument for punch biopsy	S	SH	Y	Bedside clinics	Viva Voce		
Phase 3 Part 2	OG36.3d	Describe the steps of cervical punch biopsy procedure	S	SH	Y	Bedside clinics	Viva Voce		
Phase 3 Part 2	OG36.3e	Counsel a woman for cervical biopsy procedure and take consent	S	SH	Y	Bedside clinics	clinical assessment		
Phase 3 Part 2	OG36.3f	Observe punch biopsy procedures	S	SH	Y	Bedside clinics	Log Book		
Phase 3 Part 2	OG36.3g	A A A A A	S	SH	Y	Bedside clinics	clinical assessment		
Phase 3 Part 2	OG36.3h	Disucss the complications of procedure and their management	K	KH	Y	Bedside clinics	Viva Voce		
Phase 3 Part 2	OG36.3i	Describe the post op instructions after cervical biopsy procedure	K	SH	Y	Bedside clinics	clinical assessment		
		Topic: Obstetrics & Gynecological skills-III Number of competencie	s:(07)			Number of pr	ocedure require cert	ification:(NIL)	
						Bedside clinics,small	-		
Phase 3 Part2	OG37.1	Observe and assist in the performance of a Cesarean Section	K/S/A/C	SH	Y	group discussions	Log book		
						group discussions			
Phase 3 Part 2	OG37.1a	Classify different types of cesarean sections	K	K	Y	small group discussions	Viva Voce		
Phase 3 Part 2			K	SH	Y	Bedside clinics	Viva Voce Viva Voce		
Phase 3 Part 2	OG37.1c	Identify the instruments used for cesarean section	K	SH	Y	Bedside clinics	Clinical Assessment		
Phase 3 Part 2		Properly scrub for the major surgery	A	SH	Y	Bedside clinics	Clinical Assessment		
Phase 3 Part 2	OG37.1a	identify the lower uterine segment, uterovesical fold of peritoneum, bladder, and adenexal structures	K	SH	Y	Bedside clinics	Clinical Assessment		
Phase 3 Part 2	OG37.16	Observe the cesarean section	S	SH	Y	Bedside clinics			
Phase 3 Part 2		Take well informed consent for cesarean section	C	SH	Y	Bedside clinics	Log book Clinical Assessment		
Filase 5 Fait 2	OG57.1g	Take well informed consent for cesarean section	C	эп	1	Beuside cillics	Chincal Assessment		
						Bedside clinics, small	Clinical		
Phase 3 Part 2	OG37.2	Observe and assist in the performance of Laparotomy	K/S/A/C	SH	Y				
						group discussion	assessment/viva voce		
Phase 3 Part 2	OG37.2a	Describe the anotomy of antonion abdominal wall	K	SH	Y	amall annua dianuncian	viva voce		
		Describe the anatomy of anterior abdominal wall			I V	small group discussion			
Phase 3 Part 2	OG37.2b	Classify and descibe different types of abdominal incisions	K	SH	Y	small group discussion	viva voce		
Phase 3 Part 2	OG37.2c	Describe the steps of laparotomy	K	SH	Y	small group discussion	viva voce		
Phase 3 Part 2	OG37.2d	Identify the instruments used for laparotomy	K	SH	Y	Bedside clinics	Clinical assessment		
Phase 3 Part 2	OG37.2e	Identify the abdominal and pelvic sructures seen on laparotomy	K	SH	Y	Bedside clinics	Clinical assessment		
Phase 3 Part 2	OG37.2f	Observe the laparotomy	S	SH	Y	Bedside clinics	Log Book		
Phase 3 Part 2	OG37.2g	Take well informed consent for laparotomy	С	SH	Y	Bedside clinics	Clinical assessment		
Phase 3 Part2	OG37.3	Observe and assist in the performance of Hystrectomy Abdominal/ Vaginal	K/S/A/C	SH	Y	Bedside clinics,small group discussions	Clinical assessment/viva voce		
Phase 3 Part 2	OG37.3a	Identify the instruments used for Hysterectomy	K	SH	Y	Bedside clinics	viva voce		
Phase 3 Part 2	OG37.3b	Describe the steps of abdominal Hysterectomy	K	SH	V	small group discussions	viva voce		
Phase 3 Part 2			K	SH	V	small group discussions	viva voce viva voce		
Phase 3 Part 2 Phase 3 Part 2	OG37.3d	Properly scrub for the major surgery		SH	V	small group discussions	Clinical assessment		
Phase 3 Part 2 Phase 3 Part 2	OG37.3a	Observe the Abdominal Hysterectomy	A S	SH	Y	Bedside clinics			
Phase 3 Part 2 Phase 3 Part 2		, , ,	S	SH	Y	Bedside clinics Bedside clinics	Log Book		
rnase 3 Part 2	0037.31	Observe the vaginal hysterectomy	3	ъп	<u>I</u>	Deusiue Ciliiics	Log Book		

Phase 3 Part 2	Г		1		1	1			
Filase 3 Fait 2	OG37.3g	Take well informed consent for abdominal/ vaginal hysterectomy	С	SH	Y	Bedside clinics	Clinical assessment		
DI 2.D 2	0.607.4		***************************************	OTT.	-7	Bedside clinics, small	Clinical		
Phase 3 Part2	OG37.4	Observe and assist in the performance of Dilatation & Curettage (D&C)	K/S/A/C	SH	Y	group discussions	assessment/viva voce		
Phase 3 Part 2	OG37.4a	Enumerate the indications of Dilatation & Curettage	K	SH	Y	small group discussions	viva voce		
Phase 3 Part 2		Describe the steps of Dilatation & Curettage	K	SH	Y	small group discussions	viva voce		
Phase 3 Part 2		Identify the instruments used for D&C	K	SH	Y	Bedside clinics	viva voce		
Phase 3 Part 2	OG37.4d	Observe the performance of D&C	S	SH	Y	Bedside clinics	Log Book		
Phase 3 Part 2	OG37.4e	Take well informed consent for D&C	C	SH	Y	Bedside clinics	Clinical assessment		
Thase 3 Tare 2	0037.10	Take well informed consent for Bee		511	-	Bouside offines	Chinear assessment		
DI 2 D (2	0.027.5	Observe and assist in the performance of Endometrial Aspiration-Endocervical Curettage (EA-	TZ ICIA IC	CIT	T 7	Bedside clinics, small			
Phase 3 Part2	OG37.5	ECC)	K/S/A/C	SH	Y	group discussions	viva voce		
Phase 3 Part 2	OG37.5a	Enumerate the indications of Endometrial Aspiration & Endocervical Curettage	K	SH	Y	small group discussions	viva voce		
Phase 3 Part 2		Enumerate different methods of Endometrial sampling &ECC	K	SH	Y	small group discussions	viva voce		
Phase 3 Part 2		Describe the steps of Endometrial Aspiration & ECC	K	SH	Y	small group discussions	viva voce		
Phase 3 Part 2		Identify the instruments used for EA-ECC	K	SH	Y	Bedside clinics	viva voce		
Phase 3 Part 2	OG37.5e	Observe the performance of EA-ECC	S	SH	Y	Bedside clinics	Log Book		
Thase 3 Tare 2	0037.30	Collective the performance of Eri Lee		511	_	Bouside offines	Log Book		
						Dadata and a			
Phase 3 Part2	OG37.6	Observe and assist in the performance of Outlet Forceps Application, Vacuum and Breech	K/S/A/C	SH	\mathbf{Y}	Bedside clinics, small	Logbook		
		Delivery				group discussions	8		
Phase 3 Part 2	OG37.6a	Identify the blades of Outlet Forceps	K	SH	Y	Bedside clinics	Viva Voce		
Phase 3 Part 2	OG37.6b	Enumerate the prerequisites for outlet forceps delivery	K	SH	Y	small group discussions	Viva Voce		
Phase 3 Part 2	OG37.6c	Describe the steps of Outlet Forceps Delivery	K	SH	Y	small group discussions	Viva Voce		
Phase 3 Part 2	OG37.6d	Observe the Outlet Forceps Delivery	S	SH	Y	Bedside clinics	Logbook		
Phase 3 Part 2	OG37.6e	Identify the instruments for Vacuum Delivery	K	SH	Y	Bedside clinics	Viva Voce		
Phase 3 Part 2	OG37.6f	Describe the steps of Vacuum Delivery	K	SH	Y	small group discussions	Viva Voce		
Phase 3 Part 2		Observe the Vacuum Delivery	S	SH	Y	Bedside clinics	Logbook		
Phase 3 Part 2		Describe the steps of Vaginal Assisted Breech Delivery	K	SH	Y	small group discussions	Viva Voce		
						<u> </u>			
Phase 3 Part2	OG37.7	Observe and assist in the performance of MTP in the first timester and Evacuation of incomplete	K/S/A/C	SH	Y	Bedside clinics, small	Clinical		
		abortion		222	_	group discussions	assessment/viva voce		
						8			
Phase 3 Part 2	OG37.7a	Enumerate the indications of MTP as per MTP I aw	K	КН	Y	small group discussions	viva voce		
Phase 3 Part 2		Enumerate the indications of MTP as per MTP Law Describe the steps of first trimester MTP by Suction Evacuation	K	KH KH	Y	small group discussions	viva voce		
Phase 3 Part 2	OG37.7b	Describe the steps of first trimester MTP by Suction Evacuation	K	KH	1	small group discussions	viva voce		
Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation	K S	KH SH	Y Y Y	small group discussions Bedside clinics	viva voce viva voce		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use	K S K	KH SH SH	Y	small group discussions Bedside clinics small group discussions	viva voce viva voce viva voce		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C	K S K C	KH SH SH SH	Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics	viva voce viva voce viva voce Clinical assessment		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs	K S K C	KH SH SH SH	Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics	viva voce viva voce viva voce Clinical assessment Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C	K S K C	KH SH SH SH	Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics	viva voce viva voce viva voce Clinical assessment		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion	K S K C S S	KH SH SH SH SH	Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics	viva voce viva voce viva voce Clinical assessment Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion	K S K C S S	KH SH SH SH SH	Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics	viva voce viva voce viva voce Clinical assessment Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p	K S K C S S	KH SH SH SH SH SH SH SH	Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL)	viva voce viva voce viva voce Clinical assessment Log Book Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion	K S K C S S	KH SH SH SH SH	Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small	viva voce viva voce viva voce Clinical assessment Log Book Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p	K S K C S S	KH SH SH SH SH SH SH SH	Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL)	viva voce viva voce viva voce Clinical assessment Log Book Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g OG37.7g	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p Laparoscopy	K S K C S S rocedures	KH SH SH SH SH SH KH	Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small group discussion	viva voce viva voce viva voce Clinical assessment Log Book Log Book clinical assessment/viva voce		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g OG38.1	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p Laparoscopy Identify the instruments used for laparoscopy	K S K C S S S rocedures	KH SH SH SH SH SH SH SH That rec	Y Y Y Y Y Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small group discussion Bed side clinics	viva voce viva voce viva voce Clinical assessment Log Book Log Book		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g OG37.7g	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p Laparoscopy Identify the instruments used for laparoscopy Describe the steps of laparoscopy	K S K C S S rocedures	KH SH SH SH SH SH SH That rec	Y Y Y Y Y Y Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small group discussion Bed side clinics Bed side clinics	viva voce viva voce viva voce Clinical assessment Log Book Log Book clinical assessment/viva voce		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g OG38.1	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p Laparoscopy Identify the instruments used for laparoscopy	K S K C S S S rocedures	KH SH SH SH SH SH SH SH That rec	Y Y Y Y Y Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small group discussion Bed side clinics	viva voce viva voce viva voce Clinical assessment Log Book Log Book clinical assessment/viva voce viva voce		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g OG38.1a OG38.1b	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p Laparoscopy Identify the instruments used for laparoscopy Describe the steps of laparoscopy	K S K C S S rocedures	KH SH SH SH SH SH SH That rec	Y Y Y Y Y Y Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small group discussion Bed side clinics Bed side clinics	viva voce viva voce viva voce Clinical assessment Log Book Log Book clinical assessment/viva voce viva voce viva voce		
Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2 Phase 3 Part 2	OG37.7b OG37.7c OG37.7d OG37.7e OG37.7f OG37.7g OG38.1a OG38.1b OG38.1c OG38.1d	Describe the steps of first trimester MTP by Suction Evacuation Identify the instruments used for Suction Evacuation Describe components of manual Vacum Aspirator and method of use Describe all parts of form C & Take well informed consent for MTP on Form C Observe first trimester MTPs Observe the evacuation for incomplete abortion Topic: Should Observe Number of competencies:(04) Number of p Laparoscopy Identify the instruments used for laparoscopy Describe the steps of laparoscopy identify the pelvic structures and their relationship on laparoscopy	K S K C S S S rocedures K/S/A/C	KH SH SH SH SH SH SH SH KH	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	small group discussions Bedside clinics small group discussions Bedside clinics Bedside clinics Bedside clinics Certification: (NIL) Bedside clinic, small group discussion Bed side clinics Bed side clinics Bed side clinics Bed side clinics	viva voce viva voce viva voce Clinical assessment Log Book Log Book clinical assessment/viva voce viva voce viva voce viva voce		

Phase 3 part 2	OG38.2	Hysteroscopy	K/S/A/C	КН	Y	Bedside clinics, small group discussions	Clinical assessment/viva voce		
Phase 3 Part 2	OG38.2a	Identify the instruments used for Hysteroscopy	S	SH	Y	Bed side clinics	viva voce		
Phase 3 Part 2		Describe the steps of hysteroscopy	K	KH	Y	Bed side clinics	viva voce		
Phase 3 Part 2		Identify the structures seen on hysteroscopy	K	KH	Y	Bed side clinics	viva voce		
Phase 3 Part 2		Enumerate the complications of Hysteroscopy and preventive measures	K	KH	Y	small group discussion	viva voce		
Phase 3 Part 2	OG38.2e	Observe hysteroscopy procedure in OT	S	S	Y	Bed side clinics	Log Book		
Phase 3 part 2	OG38.3	Lap Sterilization	K/S/A/C	KH	Y	Bedside clinics, small group discussion	nical assessment/viva vo	oce	
Phase 3 Part 2	OG38.3a	Classify different types of ligation procedures	K	KH	Y	small group discussion	viva voce		
Phase 3 Part 2	OG38.3b	Enumerate the eligibility criteria for ligation as per Indian Guidelines	K	KH	Y	small group discussion	viva voce		
Phase 3 Part 2	OG38.3c	Describe the steps of lap ligation	K	KH	Y	small group discussion	viva voce		
Phase 3 Part 2	OG38.3d	Identify the instruments used for lap ligation	S	SH	Y	Bedside clinics	Clinical assessment		
Phase 3 Part 2	OG38.3e	Enumerate the preoperative care steps and post operative care for lap ligation	k	KH	Y	Bedside clinics	Clinical assessment		
Phase 3 Part 2	OG38.3f	Take well informed consent for lap ligation on the appropriate form	C	KH	Y	Bedside clinics	Clinical assessment		
Phase 3 Part 2	OG38.3g	Observe laparoscopic sterilization procedure in OT	S	S	Y	Bedside clinics	Log Book		
Phase 3 Part 2	OG38.4	Assess the need for and issue proper medical certificates to patients for various purposes	K/S/A/C	КН	Y	Bedside clinics, small group discussion	Clinical assessment/viva voce		
Phase 3 Part 2	OG38.4a	Enumerate various conditions in gynae and obstetrics requiring medical certificate	K	KH	Y	small group discussion	clinical assessment		
Phase 3 Part 2		Describe important components of medical certificate	K	KH	Y	small group discussion	clinical assessment		
Phase 3 Part 2		Issue proper medical certificate	K	KH	Y	Bedside clinics	clinical assessment		