FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

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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, Iniversity of Delhi, Delhi – 110007.

The following members were present:

	The following members were present
1	Dr. N.K. Aggarwal, Head, Deptt of Forensic Medicine, DU C/o UGMS Chairperson
2.	Dr. Sreenivas M, Head, Deptt of Forensic Medicine, MAMC - Member
3.	Dr. Amandeep Kaur, Prof., Deptt of Forensic Medicine, MAMC - co-opted member
4.	Dr. Arvind, Prof., Deptt of Forensic Medicine, UCMS -co-opted member
5.	Dr. Upender Kishore, Prof., Deptt of Forensic Medicine, MAMC – Member
6.	Dr. Dhiraj Buchade, Professor, Department of Forensic Medicine, MAMC — Member
7.	Dr. Mukta Rani, Head, Department of Forensic Medicine, LHMC - Member 18 18 18 18 18 18 18 18 18 18 18 18 18
8.	Dr. Sukhdeep Singh, Senior Professor, Department of Forensic Medicine, LHMC -
9.	Member Dr. Satish Kumar Verma, Sr. Most Teacher, Department of Forensic Medicine, UCMS - Member
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- The Committee recommended the new MBBS 3rd Prof. Forensic Medicine curriculum to be implemented from the current academic year.
- 2. 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.
- 3. 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. Aggarwa?

FORENSIC MEDICINE

AMMERURE - 01

FORENSIC MEDICINE INCLUDING TOXICOLOGY (CODE: FM)

	The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P			Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
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opic: G	eneral information R	umber of (compet	encles:	(11) No	mber of procedures the	it experies as	-16: -47 - 454 t	daum szolás k
W1,1	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	ic response of	a emcanon: (re(L)	
M1,2	Describe history of Forensic Medicine	к	KH	N	Lecture, Small Group Discussion	Written/ Viva voce			
V1.3	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	N	Lecture, Small Group Discussion	Written/ Viva voce			*
£1,4	Describe Courts in India and their powers: Supreme Court, High Court, Sessions court, Magistrate's Court, Lebour Court, Family Court, Executive Magistrate Court and Juvenile Justice Board	ĸ	КН	N	Lecture, Small Group Discussion	Written/ Viva voce			
11.5	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	KΗ	N	Lecture, Small Group Discussion, Moot Court	Written/ Viva voce	_		
11.6	Describe Offenses in Court including Perjary; Court strictures vis-a- vis Medical Officer	к	КН		Lecture, Small Group Discussion	Written/ Viva voca			
11,7	Describe Dying Declaration & Dying Deposition	К	KH	Y	Lecture, Small Group Discussion	Writlen/ Viva voce			***************************************
	Describe the latest decisions/notifications/resolutions/ circulars/standing orders related to medico-legal practice issued by Courts/Government authorities etc.	к	KH		Lecture, Small Group Discussion	Written/ Viva voce			
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W1.9	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 mainteined in Health Centres. maintenance of medico-legal register like accident register. documents of issuance of wound certificate documents of issuance of wound certificate. documents of issuance of sickness and fitness certificate, documents for issuance of charth certificate, documents for issuance of death certificate, documents of medicol Certification of Cause of Death - Form Number4 and 4A documents for estimation of age by physical, dental and radiological examination and issuance of certificate	K	КН	¥	Lecture, Smalt Group Discussion	Writtent Viva voce		Radiodiagnosis, General Sürgery, 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	•		
V1.11	Write a correct cause of death certificate as per ICD 10 document	ន	sн	Y	Lecture, Small Group Discussion	Written/ Viva voce			Marie Creaming Age
1.	rensic Pathology	Number o	compe	tencles:	(35)	l 1	hat require	certification : (NIL)	·
*. •	Define, describe and discuss death and its types including somatic/clinical/cellular, molecular and brain-death, Cortical Death and Brainstem Death	к	KH	Y	Lecture/Small group discussion	Written/ Viva voce		Pathology	
/12.2	Describe and discuss natural and unnatural deaths	К	кн	Y	Lecture, Small Group Discussion	Written/ Viva voce		Pathology	
	Describe and discuss issues related to sudden natural deaths	ĸ	кн		Lecture, Small Group Discussion	Written/ Viva voce		Pathology	· · · · · · · · · · · · · · · · · · ·
	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 discussion	Written/ Viva voce		AETCOM	

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Levei 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, asphyxla and syncope	ĸ	КН	Ÿ	Lecture, Small Group Discussion	Written/ Viva voce		Psychialry, Pathology	<u>.</u>
*M2.6	Discuss presumption of death and survivorship	ĸ	КН	¥	Lecture, Small Group Discussion	Written/ Viva voce			,
FM2.7	Describe and discuss suspended animation	К	КН	Y	Lecture, Small group discussion	Written/ Viva voce		•	
-M2.8	Describe and discuss postmortem changes including signs of death, cooling of body, post-mortem lividity, rigor mortis, cadaveric spasm, cold stiffening and heat stiffening	К	КН	¥.	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		· ·	
FM2.9	Describe pulrefaction, mummification, adipocere and maceration	к	кн		Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			·_
M2.10	Discuss estimation of time since death	ĸ	КН	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE			The state of the s
	Describe and discuss autopsy procedures including post-mortem examination, different types of autopaies, aims and objectives of post-mortem examination	К	кн		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	КН	Ŷ	Leclure, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Palitology	
M2,13	Describe and discuss obscure autopsy	ĸ	KH		Lecture, Small group discussion	Written/ Viva voca		Pathology	
- 1	Describe and discuss examination of clothing, preservation of viscera on post-mortem examination for chamical 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
M2.22	Mechanical asphyxla: Describe and discuse patho-physiology, clinical teatures, post- mortem findings and medico-legal aspects of traumatic asphyxia, obstruction of nose & mouth, suffocation and sexual asphyxia	K	КН	Ÿ	Lecture, Small group discussion, Autopay, DOAP session	Written/ Viva Voce/ OSPE	***************************************		
M2.23	Describe and discuss types, patho-physiology, clinical features, post mortem findings and medico-legal aspects of drawning, diatom test and, gettler test.		кн	Y	Lecture, Small group discussion, Autopay, DOAP session	Written/ Viva voce/ OSPE		Name of the state	
FM2.24	Thermal deaths: Describe the clinical features, post-mortern finding and medicolegal aspects of injuries due to physical agents like heat (heat-thyper-pyrexia, heat stroke, sun stroke, heat exhausticar/prostration, heat cramps [miner's cramp] or cold (systemic and localized hypothermis, frostbite, trench foot, immersion foot)		Кн	Y	Lecture, Small group discussion, Autopsy, COAP session	Written/ Viva voce			
₹M2.25	Describe types of injuries, clinical features, patho-physiology, post- mortem findings and medico-legal aspects in cases of burns, scalus, lightening, electrocution and radiations	К	кн	Y	Lecture, Small group discussion, Autopsy, DOAP session	Wilten/ Viva voce/ OSPE	MACHINA MACHIN	General Surgery	
M2.25	Describe and discuss clinical features, post-moriam findings and medico-legal aspects of death due to starvation and neglect	к	кн	Ÿ	Lecture/Small group discussion	Written/ Viva voce	AND THE PERSON OF THE PERSON O		
M2.27	Define and discuss infanticide, faeticide and stillbirth	К	КН		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		кн	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/Viva voce / OSCE	of common to a common to a common of the com	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		EH	Y	Lecture, Small group discussion, Moot Court, Court visits, Role Play	Role Play during internal assessment			

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Numbar	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify p	Vertical integration	Hortzontal Integration
						***************************************		,	
FM2.30	I-lave 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		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	Ϋ.	Lecture, Small group discussion, DOAP session	Written/ Viva voce		AETCOM	
FM2,33	Demonstrate ability to use local resources whenever required like in mass disaster situations	A and C	КМ	Ÿ	Lecture/Small group discussion	Written/ Viva voce		Community Medicine	
FM2.94	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/ OSPE		AETCOM	
Topic: Cli	nical Forensic Medicine	Number of	compot	encles:	(33)	Number of pracedures t	hat require	certification:(NIL)	
FM3.1	IDENTIFICATION Deline and describe Corpus Delicti, establishment of Identity of living persons including race, Sex, religion, complexion, stature, age determination using morphology, teath-eruption, decay, bite marks, bones-ossification centres, medico-legal aspects of age	1	кн	Y	Lecture, Small group discussion, Bedside clinic, DOAP session	Written/Viva voce/ skill assessment		Fluman Anatony	

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Number	COMPETENCY The student should be able to	Domain KISIAIC	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, libers, teeth, anthropometry, dactytography, foot prints, scars, tattoos, peroscopy and superimposition	K	кн	Ÿ	Lecture, Small group discussion	Written/ Viva voce	A Part of the Control	And the state of t	
FM3.3	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-legal aspects		КН	Y.	Lecture, Small group discussion Bed side clinic, DOAP session	Written/ Viva voce/ OSCE	A TANAN AND AND AND AND AND AND AND AND AND	General Surgery	
FM3.4	Mechanical injuries and wounds: Define injury, assault & hurt. Describe IPC pertaining to injuries	К	КН	Ÿ	Lecture, Small group discussion	Written/ Viva voce	7	General Surgery	
FM3.5	Mechanical injuries and wounds: Describe accidentat, suicidal and homicidal injuries. Describe simple, grievous and dangerous injuries. Describe ante-mortem and post-mortem injuries	К .	КЖН	Y	Lecture/Small group discussion	Willian/ Viva voce	:		
FM3.6	Machanical Injuries and wounds: Describe healing of Injury and fracture of bones with its medico-tegal importance	К	К/КН	Ÿ	Lecture/Small group discussion	Written/ Viva voce		General Surgery	87 11 11 11 11 11 11 11 11 11 11 11 11 11
FM3.7	Describe factors influencing infliction of injuries and heating, examination and certification of wounds and wound as a cause of death: Primary and Secondary	К	кжн	Y	Lecture/Small group discussion	Written/ Viva yoce		General Surgery, Orthopaedics	
FM3.8	Mechanical injuries and wounds: Describe and discuss different types of weapons including dangerous weapons and their examination	K	K/KH	Y	Lecture/Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FM3.9	Firearm injuries: Describe different types of firearms including structure and components. Along with description of ammunition propellent charge and mechanism of fire-arms, different types of cartridges and bullets and various terminology in relation of firearm — caliber, range, choking		KVKH	Y	Lecture/Small group discussion	Written/ Viva voce		General Surgery, Orthopaedics	

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Numbar	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P			Suggested Assessment method	Number required to certify p	Vertical Integration	Horizontal Integration
FM3.10	Fineam 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 fireams	ĸ	КЖН	Y		Written/Viva vace/ OSCE		General Surgery, Orthopaedics	andi akakakanan kanan da manan kanan manan da m
FM3.11	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	ĸ	RJKH	Ÿ		Written/ Viva voce/ OSCE/OSPE		General Surgery, Onthopsedics	
FM3,12	Regional Injuries Describe and discuss injuries related to fall from height and vehicular injuries — Primary and Secondary impact, Secondary injuries, crush syndrome, railway spine		KVKH	Y		Written/ Viva voce/ OSCE/OSPE		General Surgery, Orthopsedics	
FM3.13	Describe different types of sexual offences. Describe various sections of IPC regarding rape including definition of rape (Section 375 IPC), Punishment for Rape (Section 376 IPC) and recent amendments notified till date		кжн	Y		Written/ Viva voce/ OSCE/OSPE		Obstetrics & Gynaecology	
FM3.14	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	KAKH .	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Obstetrics & 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	Y		Written/ Viva voce/ OSCE		Obstetrics & Gynaecology, Psychiatry	

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FM3,16	SEXUAL OFFENCES Describe and discuss adultery and unnatural sexual offences- sodomy, knest, leablanism, buccal collus, bestlatilly, indecent assault and preparation of report, framing the opinion and prescryation and despatch of trace evidences in such cases	K	кжн	Y	Lecture/Small group discussion	Written/ Viva voce	,	Obstetrics & Gynancology, Psychiatry	
FM3.17	Describe and discuss the sexual perversions fetishism, transvestism, voyeurism, sadism, necrophagia, mosochism, exhibitionism, frotteurism, Necrophilia	К	КУКН	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrice & Gynaecology, Psychiatry	
FM3.18	Describe anatomy of mate and female genifalia, hymen and its types. Discuss the medico-legal importance of hymen. Define wirginity, defloration, legitimacy and its medicologal importance	К	К/КН	Y	Lecture/Small group discussion	Written/ Viva voce		Obstatrics & 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	ĸ	кжн	Y	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	Andrew State of the State of th
FM3.20	Discuss disputed paternity and maternity	к	КЖН	Ÿ	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology	
FM3.21	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PG&PNOT) - Prohibition of Sex Selection Act 2003 and Domestic Violence Act 2005	K	KIKH	Y	Lecture, Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, AETCOM	
FM3.22	Define and discuss Impotence, sterility, trigidily, sexual dysfunction, premature ejaculation. Discuss the causes of Impotence and sterility in male and female		КЖН	γ	Lecture/Small group discussion	Written/ Viva voce		Obstetrics & Gynaecology, General Medicine	
FM3.23	Discuss Sterilization of male and female, artificial insemination, Test Tube Baby, surrogete mother, hormonal replacement therapy with respect to appropriate national and state laws	К	ККН	Y	Lecture/Small group discussion	Written/ Viva vace		Obstetrics & Gynaecology	

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FM3.30 Describe and discuss issues relating to torture, identification of injuries caused by torture and its sequalae, management of torture survivors FM3.31 Torture and Human rights Describe and discuss guidelines and Protocols of National Human Rights Commission regarding forture 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 V	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
Vasections and tubectomy) as methods of contraception in the National Family Planning Programme Vasections and tubectomy) as methods of contraception in the National Family Planning Programme Obstetrics & Gynaecology FM3.25 Discuss the mailornel Guidelines for accreditation, supervision & K K/KH N Lecture, Small group discussion FM3.26 Define, classify and discuss abortion, methods of procuring MTP of the programme discussion of ART Clinks in India Define, classify and discuss abortion, methods of procuring MTP of the programme discussion of ART Clinks in India FM3.27 Define, classify and discuss abortion, methods of procuring MTP of the programme discussion of ART Clinks in India Define, classify and discuss abortion, methods of procuring MTP of the programme discussion of the programme discussi										
FM3.25 Discuss the national Guidelines for accreditation, supervision & K K/KH Y Lecture, Small group discussion Written Gynaecology FM3.27 Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion. MTP Act 1971 FM3.28 Describe evidences of abortion iving and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion FM3.29 Describe and discuss child abuse and battered baby syndronte K K/KH Y Lecture, Small group discussion K K/KH Y Lecture, Small group discussion Written/ Viva voce Obstetrics & Gynaecology, Pathology FM3.29 Describe and discuss issues relating to torture, klentification of injuries caused by torture and its sequaliae, management of torture survivors FM3.30 Describe and discuss issues relating to torture, klentification of injuries caused by torture and its sequaliae, management of torture survivors FM3.31 Torture and Human rights Describe and discuss guidelines and Protocols of National Human Rights Commission regarding torture K K/KH N Lecture/Small group discussion K K/KH N Lecture/Small group discussion Written/ Viva voce Pedistrics K K/KH N Lecture/Small group discussion Written/ Viva voce Pedistrics FM3.32 Demonstrate the professionalism while preparing reports in medicolegol situations, interpretation of findings and making inference/opinion, collection preservation and dispatch of biological or trace evidences FM5.33 Should be able to demonstrate the professionalism while dealing A and C K/KH/S Y Lecture/Small group Written/ Viva voce AETCOM AETCOM AETCOM AETCOM AETCOM AETCOM	FM3.24	(vasectomy and tubectomy) as methods of contraception in the	к	K/KH	N		Written			
regulation of ART Clinics in India Gynaecology	FM3.25	Olscuss the major results of the National Family Health Survey	К	K/KH	N	Lecture	Written			
and criminal abortion and complication of abortion. MTP Act 1971 Cescribe evidences of abortion - living and dead, duties of doctor in cases of abortion, investigations of death due to criminal abortion FM3.28 Describe and discuss child abuse and battered baby syndrome K K/KH Y Lecture, Small group discussion Written/ Viva voce Gynaecology, Pathology Petiatrics FM3.30 Describe and discuss issues relating to torture, kientification of injuries caused by torture and its sequalae, management of torture survivors FM3.31 Torture and Human rights Describe and discuss guidelines and Protocols of National Human Rights Commission regarding torture 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 larce evidences FM3.33 Should be able to demonstrate the professionalism while dealing with victims of torture and human right violations, sexual assaults H discussion Written/ Viva voce Written/ Viva voce Written/ Viva voce AETCOM AETCOM AETCOM AETCOM AETCOM AETCOM AETCOM			К	K/KH	Y.		Written			
cases of abortion, investigations of death due to criminal abortion Cases of abortion, investigations of death due to criminal abortion discussion discussion discussion Gynaecology, Pathology	FM3.27	Define, classify and discuss abortion, methods of procuring MTP and criminal abortion and complication of abortion. MTP Act 1971	K	ККН	Y		Written/ Viva voce		Gynaecology,	k seen visa sasannaa
FM3.30 Describe and discuss issues relating to torture, identification of injuries caused by torture and its sequalae, management of torture survivors FM3.31 Torture and Human rights Describe and discuss guidelines and Protocols of National Human Rights Commission regarding forture 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 FM5.33 Should be able to demonstrate the professionalism while dealing with victims of torture and human right violations, sexual assaults with victims of torture and human right violations, sexual assaults discussion Continue and discuss issues relating to borture, identification of K/KH Y Lecture, Small group discussion Continue and C	FM3.28		ĸ	кжн	Y		Written/ Viva voce	-	Gynaecology,	
injuries caused by torture and its sequate, management of torture survivors FM3,31 Torture and Human rights	FM3.29	Describe and discuss child abuse and battered baby syndrome	К	K/KH	Y		Written/ Viva voce		Pediatrics	
Describe and discuss guidelines and Protocols of National Human Rights Commission regarding forture 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 FM5.33 Should be able to demonstrate the professionalism while dealing A and C K/KH/S Y. Lecture/Small group discussion FM5.34 Should be able to demonstrate the professionalism while dealing A and C K/KH/S Y. Lecture/Small group discussion With victims of torture and human right violations, sexual assaults-	FM3.30	injuries caused by torture and its sequalae, management of torture		кин	Y		Written/ Viva voce			
medicolegal situations, interpretation of findings and making inference/opinion, collection preservation and dispatch of biological or frace evidences FMS.33 Should be able to demonstrate the professionalism while dealing A and C K/KH/S Y. Lecture/Small group Written/ Viva voca AETCOM discussion		Describe and discuss guidelines and Protocols of National Human		К/КН	N		Written/ Viva voce			
with victims of torture and human right violations, sexual assaults-	FM3.32	medicolegal situations, interpretation of findings and making inference/opinion, collection preservation and dispatch of biological		SH	Y		OSPE/Viva voca		AETCOM	
	FM3.33	with victims of torture and human right violations, sexual assaults-	A and C		Y.				AETCOM	

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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	Herizontal Integration
Topic: Me	dical Jurisprudence (Medica) Law and ethics)	Numb	er of co	npeten	:les: (30)	Number of procedu	res that req	uire certification : (NIL)	
FM4.1	Describe Medical Ethics and explain its historical emergence	К	KH	Y	Lecture, Small group discussion	Written/ Viva vace		AETCOM	······································
FM4.2	Describe the Code of Medical Ethics 2002 conduct, Etiquette and Ethics in medical practice and unethical practices & the dichotomy	K	кн кн	Υ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.3	Describe the functions and role of Medical Council of India and State Medical Councils	K	КН ,	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.4	Describe the Indian Medical Register	к	кн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	·
	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 voco		AETCOM .	
	Describe the Laws in Relation to medical practice and the duties of a medical practitioner towards patients and society	K	КЖН		Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.7	Describe and discuss the ethics related to HIV pottents	ĸ	KWH	Ÿ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
	Describe the Consumer Protection Act-1986 (Medical Indemnity Insurance, Civil Liligations and Compensations), Workman's Compensation Act & ESI Act	ĸ	кн		Lecture, Small group discussion	Witten/ Viva voce		AETCOM	
M4.9	Describe the medico - legal issues in relation to family violence, violation of human rights, NHRC and doctors	ĸ	кн		Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.10	Describe communication between doctors, public and media	К	КН		Cecture, Small group discussion	Written/ Viva voce	and the second	AETCOM	
M4.11	Describe and discuss euthanasia	K	кн		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 p	Vertical Integration	Horizontal Integration
FM4.12	Discuss legal and ethical issues in relation to stem cell research	К	кн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	
FM4.13	Describe social aspects of Medico-legal cases with respect to victims of assault, rape, altempted suicide, homicide, domestic violence, dowry-related cases		кн	Y	Lecture, Small group discussion	Written/Viva voce		AETCOM	
FM4.14	Describe & discuss the challenges in managing medico-legal cases including development of skills in relationship management—thuman behaviour, communication skills, conflict resolution techniques		КН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.15	Describe the principles of handling pressure — definition, types, causes, sources and skills for managing the pressure while dealing with medico-legal cases by the doctor	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	
FM4.17	Describe and discuss ethical Principles: Respect for autonomy, non-maileasance, beneficence & justice	К	KIH	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	***************************************
FM4.18	Describe and discuss medical negligence including civil and criminal negligence, contributory negligence, corporate negligence, vicarious liability. Res Ipsa Loquitor, prevention of medical negligence and defenses in medical negligence litigations	K	КН	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	Ÿ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
	Describe therepeutic privilege, Matingering, 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 method	Suggested Assessment method	Number required to cartify P	Vertical Integration	Horizontal Integration
FM4.21	Describa Products liability and Medical Indemnity Insurance	к	КН	Ÿ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.22	Explain Oath - Hippocrates, Charaka and Sushruta and procedure for administration of Oath.	К	KH	Υ	Leclure, Small group discussion	Written/ Viva vace		AETCOM, Pharmscology	
FM4.23	Describe the modified Declaration of Geneva and its relavance	K	КН	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Phemiacology	
*M4.24	Enumerate rights, privileges and duties of a Registered Medical Practitioner. Discuss doctor patient relationship; professional secrecy and privileged communication	K	кн	Υ	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
FM4.25	Clinical research & Ethics Discuss human experimentation including clinical trials	К	КН	N	Lecture, Small group discussion	Written/ Viva voce	_	AETCOM, Pharmacology	
M4.26	Oiscuss the constitution and functions of ethical committees	K	КH	Υ	Lecture, Small group discussion	Written/ Viva voce		AETCOM, Pharmacology	······································
M4.27	Describe and discuss Ethical Guidelines 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	кн/зн	Y	Lecture, Small group discussion	Written/ Viva voce		AETCOM	
M4.30	Demonstrate ability to conduct research in pursuance to guidelines or research eitics	A and C	кн/ѕн	Υ	Lecture, Small group discussion	Written/ Viva voce	· · · · · · · · · · · · · · · · · · ·	AETCOM	
opic: Fo	ronsic Psychiatry	Number o	i compe	tencles:	(06)	Number of procedures	that require	certification: (NIL)	
M5.1	Classify common mental illnesses including post-traumatic stress disorder (PTSD)	К	КИКН	Υ.	Lecture, Small group discussion	Written/ Viva voce		Paychietry	***************************************

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
FM5.2	Define, classify and describe delusions, hallucinations, illusion, tuckl interval and obsessions with exemplification	К	ККН	Y	Lecture, Small group discussion	Written/ Viva voca		Psychiatry	
FM5.3	Describe Civil and criminal responsibilities of a mentally ill person	К	K/KH	Y	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		Paychiatry	
FMS.S	Describe & discuss Delirium tremens	К	KKH	Y	Lecture, Small group discussion	Written/ Yiva voce		Psychiatry, General Medicine	
FM5.6	Describe the Indian Mental Health Act, 1987 with special reference to admission, care and discharge of a mentally ill person	ĸ	K/KH	N	Lecture, Small group discussion	Witten/ Viva voce		Psychiatry	
Topic: Fo	rensic Laboratory investigation in medical legal practice	Number	of com	patenci	ee: (03)	Number of procedure	s that requ	tro cartification: (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, skuli, specimen for histo-pathological examination, blood grouping, HLA Typing and DNA Fingerprinting. Describe Locard's Exchange Principle		K/KH		Lecture, Small group discussion	Written/ Viva voce		Pathology	
FM6.2	Describe the methods of sample collection, preservation, labelling, dispatch, and interpretation of reports	K	KKH	Ÿ	Lecture, Small group discussion	Written/ Viva voce			
FM5.3	Demonstrate professionalism while sending the biological or trace suidences 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		KH/SH	Y	Lecture, Small group discussions, DOAP sessions	Viva voce / OSPE			

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Number	COMPETENCY The student should be able to	Dodialn K/S/A/C	Level K/KH/ SH/P		Suggosted Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
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Topic: Em	erging technologies in Forensic Medicine	Numb	er of cor	npatent	des: (01)	Number of procedu	ires that rec	quire cortification:(NIL)	
FM7.1	Enumerate the indications and describe the principles and appropriate use for: - DNA profiling - Facilit reconstruction - Polygraph (Lie Detector) - Narcoanalysis, - Birain Mapping, - Digital autopsy, - Virtual Autopsy,	K	кин	N	Lecture, Small group discussion	Written/ Viva voce			
,		Number o	·			Number of procedures		-	
FMB.1	Describe the history of Toxicology	ĸ	K/KH	Y	Lecture, Small group discussion	Willen/ Viva vote		Pharmacology	
FM8.2	Define the terms Toxicology, Forensic Toxicology, Clinical Toxicology and poison	К	KKH	Υ	Lecture, Small group discussion	Written/ Viva voce		Phermacology	
FM8.3	Describe the various types of poisons, Toxicokinetics, and Toxicodynamics and diagnosis of poisoning in living and dead	К	KKH	Y	Lecture, Small group discussion	Written/viva voce		Pharmacology	
FM8.4	Describe the Laws in relations to poisons including NDPS Act, Medico-legal aspects of poisons	К	кин	Ÿ	Lecture, Small group discussion	Written/ Vive voce		Pharmacology	To the state of th
FM8.5	Describe Medico-legal autopsy in cases of poisoning including preservation and dispatch of viscera for chemical analysis	К	ККН	Y	Lecture, Small group discussion, Autopsy, DOAP session	Written/ Viva voce/ OSPE		Pharmacology	
FM8.6	Describe the general symptoms, principles of diagnosis and management of common poisons encountered in India	К	KKH	Y	Lecture, Small group discussion, Bed side clinic, DOAP session	Written/ Viva voce/ OSCE		Pharmacology	

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Number	COMPETENCY	Domain	Level	Core	Suggested Teaching	Suggested	Number	Vertical Integration	31
	The student should be able to	KISIAIC	K/KH/ SH/P		Learning method	Assessment method	required to certify P		Horizonial Integration
M8.7	Describe simple Bedside clinic tests to detect poison/drug in a patient's body fluids	K	К/КН	Ÿ	Lecture, Small group discussion, Bed side clinic, DOAP session	Wiftlen/ Viva yoce/ OSCE		Pharmacology, General Medicine	
M8.8	Describe basic methodologies in treatment of poisoning: deconlamination, supportive therapy, antidote therapy, procedures of enhanced elimination	K	КЖН	Y	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.	ĸ	кжн	Ÿ	Lecture, Small group discussion	Written/ Viva voce			
M8.10	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	ĸ	кжн	`	Lecture, Small group discussion	Written/ Viva voce			
Topic: To	kicology : Chemical Toxicology	Number o	f compa	tencles	: (06)	Number of procedures	s that requi	re certification : (Nil.)	
M9.1	Describe General Principles and basic methodologies in treatment of policoning: decontamination, supportive therapy, antidate therapy, procedures of enhanced elimination with regard to: Caustics Inorganic — sulphuric, nitric, and hydrochtoric acids; Organic- Carboloic Acid (phenol), Oxalio and acetylsolicytic acids	K	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, Barium	K .	KKH		Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
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	Domain	Leveli	Core	Suggested Teaching	Suggested	Number	Markey I Interestica	Horizontal
The student should be able to	KUSIAIC	KIKH! SHIP			Assessment method	required to certify P	Vertical Integration	nonzonca integration
Describe General Principles and hode mathedatoles is to provi		10000				·		***************************************
of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, lead, mercury, copper, iron, cadmium and thatlium		tokH	¥	discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Phamacology, General Medicine	
Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regerd to Ethenot, methanol, ethylene glycol	К	K/KH			Written/ Viva voce/ OSCE		Pharmacology, General Medicine	-
Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, coreadures of enhanced elimination with regard to Organophosphates, Carbamates, Organophosphates, Paraquat, Aluminium and Zinc phosphide	ĸ	К/КН		discussion, Bed side clinic, Autopsy, DOAP	Written/ Viva voce/ OSCE		Pharmacology, General Medicine	
Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antitote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl isocyanate, lear (riot control) gases	К	КЖН		discussion, Bad side clinic, Autopsy, DOAP				
	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 Describe General Principles and basic methodologies in treatment of poisoning decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanot, methanot, ethylene glycol Describe General Principles and basic methodologies in treatment of poisoning decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates. Carbamates, Organockolophates, Pyrethroids, Paraqual, Aluminium and Zino phosphide Describe General Principles and basic methodologies in treatment of poisoning; decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Anmonia, Carbon monexide, hydrogen cyanide & derivatives, metalogen cyanide	Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Arsenic, leed, mercury, copper, iron, cadmium and thatlium Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanot, methanot, ethylene glycol Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates. Carbamates, Organocklorines, Pyrethroids, Paraqual, Aluminium and Zinc phosphide Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl	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 thatlium Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ethanol, methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates. Carbamates, Organocklorines, Pyrethroids, Paraquel, Aluminium and Zinc phosphide Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Organophosphates. Carbamates, Organocklorines, Pyrethroids, Paraquel, Aluminium and Zinc phosphide Describe General Principles and basic methodologies in treatment of poisoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to Ammonia, carbon monoxide, hydrogen cyanide & derivatives, methyl	The student should be able to WSAIC WIKH YMN	The student should be able to WSIAIC WIKH SHIP SHIP SHIP	The student should be able to KUS/A/C SH/P S	The student should be able to KUSIAIC SHIP S	The student should be able to VSIAIC KIKH SHIP Written W

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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Loval K/KH/ SH/P	Care (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P		Horizontal Integration
-M10.1	Describe General Principles and basic methodologies in treatment of polsoning: decontamination, supportive therapy, antidote therapy, procedures of enhanced elimination with regard to: I. Antipyretics — Paracelamol, Salicylates II. Antipyretics — Paracelamol, Salicylates III. Antipyretics (Common enhibiolics — an overview) III. Neuropsychotoxicology Barbiturates, benzodiazepins phenytolin, lithium, hadparidol, neurolepitos, ritcyclics IV. Narcotic Analgesics, Anaesthetics, and Muscle Relaxants V. Cardiovascular Toxicology Cardiotoxic plants — oleander, oddlem, aconite, digitalis V. Cardiovascular Toxicology Cardiotoxic plants — vi.Gastro-Intestinal and Endocrinal Drugs — Insulin	К	ккн	Y	Lecture, Small group discussion, Bed side clinic, Autopsy, DOAP session	Written/ Viva voce/ OSCE		Pharmacology, Genoral Medicine	
opic: Te	xicology : Blatoxicology	Number	of compa	etencies	: (01)	Number of procedures	hat require	certification : (NIL)	
FM11.1	Describe features and management of Snake bite, scorplon sting, bee and wasp sting and spider bite	ĸ	кукн	Ÿ	Lecture, Small group discussion, Autopsy	Written/ Viva voce		General Medicine	· · · · · · · · · · · · · · · · · · ·
fopis: To	xicology: Sociomedical Toxicology	Nuc	nber of	competi	encles: (01)	Number of proces	lures that r	equire certification : (N	IL)
M12.1	Describe features and management of abuse/poisoning with following camicals: Tobacco, cannabis, amphetamines, cocaine, hallucinogens, designer drugs & solvent	К	K/KH	Y	t.ecture, Small group discussion, Autopsy	Written/ Viva voce		General Medicina	
opic: Te	xicology : Environmental Toxicology	No	raber of	compet	encles: (02)	Number of proces	lures that r	equire certification : (N	IL)
M13.1	Describe toxic pollution of environment, its medico-legal aspects & toxic hazards of occupation and industry	K	кжн	γ	Lecture, Small group discussion	Written/ Viva voce		General Medicine	//////////////////////////////////////
М13.2	Describe medico-legal aspects of poisoning in Workman's Compensation Act	К	КЖН	Y	Lecture, Small group discussion	Written/ Viva voce			·
	Dewnman &	au (Q)	. /	, ,	1 100	Lus	N.	N. W.

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
Bs in Ferencie Medicina & Tayleohen	Alterna	har of re		relan- (22)	Aborder of avalants		rilm audification (1884)	
ALL DE LEASURE MENTIONES OF PARTIES OF STREET	14(1)	net 01 ti	winder	tries, fact	Minner or brocenar	am mut sad	ma ramicacion (uc)	
Examine and prepare Medico-legal report of an Injured person with different etiologies in a simulated/ supervised environment	5	SHIP	Y	Bedside clinic (ward/ casually), Small group discussion	Log book/ Skill station/ Viva voce / DSCE			
Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment	8	SH	Y	Bedside clinic (ward/casualty), Smell Group discussion	Cog book/ Skill station/ Viva voce / OSCE		General Medicine	-
Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination	\$	SH	Y	Bedside clinic, Small Group discussion, DOAP session	Skili lab/ Viva voce		General Medicine	
Conduct and prepare report of astimation of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment		КН	Y					
Conduct & prepare post-mortem examination report of varied etiologies (at least 15) in a simulated/supervised environment	\$:	КН	Ÿ	Small group discussion, Autopsy, DOAP session	Leg book/ Skill station/ Viva voce / OSCE			
Demonstrate and Interpret medico-legal aspects from examination of hair (human & animal) fibre, somen & other biological fluids	S	КН	Υ	Small group discussion, Lecture	Log book/ Skill station/ Viva voce / OSCE			
Demonstrate & identify that a particular stain is blood and identify the species of its origin	S	KH	Ŷ				Palhology, Physiology	
Demonstrate the correct technique to perform and identify ABO & RH blood group of a person	S	SH	Y				Pathology, Physiology	***************************************
		SH	Ÿ	Small group discussion, DOAP session	Log book/Skill station/Viva voca			
	The student should be able to Itils in Forensic Medicine & Toxicology Examine and prepare Medico-legal report of an injured person with different ctiologies in a simulated/ supervised environment. Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment. Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment. Conduct & prepare post-mortem examination report of varied eliologies (at least 15) in a simulated/ supervised environment. Demonstrate and Interpret medico-legal aspects from examination of hair (human & enimal) fibre, semen & other biological fluids. Demonstrate & identify that a particular stain is blood and identify the species of its origin. Demonstrate the correct technique to perform and identify ABO & RH blood group of a person.	The student should be able to K/SIA/C Ills in Forensic Medicine & Toxicology Num Examine and prepare Medico-legal report of an Injured person with different etiologies in a simulated/ supervised environment Demonstrate the correct technique of clinical examination in a suspected case of polsoning & prepare medico-legal report in a simulated/ supervised environment Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of polsoning, along with clinical examination of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied eliotogies (at least 15) in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied eliotogies (at least 15) in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied eliotogies (at least 15) in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied silotogies (at least 15) in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied silotogies (at least 15) in a simulated/ supervised environment Conduct & prepare post-mortem examination so thair (human & animal) fibre, somen & other biological fluids Demonstrate & identify that a particular stain is blood and identify the species of its origin Demonstrate in correct technique to perform and identify ABO & SH blood group of a person Demonstrate examination of & present an opinion after examination of skeletal remains in a simulated/ supervised	The student should be able to KYSIAIC KYRHP SHIP Itils in Forensic Medicine & Toxicology Number of cu Examine and prepare Medico-legal report of an injured person with different etiologies in a simulated/ supervised environment Demonstrate the correct technique of clinical examination in a suspected case of polsoning & prepare medico-legal report in a simulated/ supervised environment Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of polsoning, along with clinical examination of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied eliotogles (at least 15) in a simulated/ supervised environment Commonstrate and Interpret medico-legal aspects from examination of hair (human & animal) fibre, somen & other biological fluids Demonstrate & identify that a particular stain is blood and identify the species of its origin Demonstrate in correct technique to perform and identify ABO & SH Demonstrate examination of & present an opinion after examination of skeletal remains in a simulated/ supervised	The student should be able to K/SIA/C K/KH/ SH/P Itlis in Forensic Medicine & Toxicology Number of competer Examine and prepare Medico-legal report of an injured person with different etiologies in a simulated/ supervised environment Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination Conduct and prepare report of estimation of age of a person for S KH Y medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied eliotogies (at least 15) in a simulated/ supervised environment Demonstrate and Interpret medico-legal aspects from examination of hair (human & animal) fibre, senien & other biological fields Demonstrate & identify that a particular stain is blood and identify Demonstrate & identify that a particular stain is blood and identify Demonstrate in correct technique to perform and identify ABO & S H Y Demonstrate examination of & present an opinion after S SH Y Demonstrate examination of & present an opinion after S SH Y	The student should be able to KUSIAIC KKHV SHIP Number of competancies: (22) Examine and prepare Medico-legal report of an injured person with different etiologies in a simulated/ supervised environment Demonstrate the correct technique of clinical examination in a suspected case of poisoning & prepare medico-legal report in a simulated/ supervised environment Assist and demonstrate the proper technique in collecting, preserving and dispatch of the exhibits in a suspected case of poisoning, along with clinical examination Conduct and prepare report of estimation of age of a person for medico-legal and other purposes & prepare medico-legal report in a simulated/ supervised environment Conduct & prepare post-mortem examination report of varied Conduct & prepare post-mortem examination of warled of varied and interpret medico-legal aspects from examination Demonstrate and interpret medico-legal aspects from examination of warled interpret medico-legal aspects from examination of warled of varied interpret medico-legal aspects from examination of warled interpret medico-legal aspect	The student should be able to K/S/A/C (K/KH/ SH/P) C/KN Learning method Assessment method K/S/A/C (K/KH/ SH/P) C/KN Learning method Assessment method K/S/A/C (K/KH/ SH/P) Learning method Learning method K/S/A/C (K/KH/ SH/P) Y Bedside clinic (ward/casualty), Small group discussion, K/S/A/C (K/KH/ SH/P) Small group discussion, Learning method Learning method Learning method K/S/A/C (K/KH/P) Y Small group discussion, Learning method Learning method K/S/A/C (K/KH/P) K/S/R/S SK/H Y Small group discussion, Learning method Learning method K/S/A/C (K/KH/P) K/S/R/S SK/H Y Small group discussion, Learning method Learning method Learning method K/S/A/C (K/KH/P) K/S/R/S SK/H Y Small group discussion, Learning method Learning method Learning method K/KH/P Y Small group discussion, Learning method Learning method Learning method K/H Y Small group discussion, Learning method Learning	The student should be able to K/S/A/C K/S/B/ K/S/B/	The student should be able to KISIAC KIRW SHIP KIRW KI

Number	COMPETENCY The student should be able to	Domain KISIAIC	Level KIKHI SHIP			Suggested Assessment mathod	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. contuston, abrasion, laceration, firearm wounds, burns, head injury and fracture of bone	s s	кн	Y	Small group discussion, DOAP session	Leg 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, farstra, dagger, bhelia, 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 rigury 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	Ý	Small group discussion, DOAP session	Log book/Skill statlon/ Viva voce/ OSPE			
FM14.12	Clescribe the contents and structure of bullet and cartridges used & to provide medica-legal interpretation from these	S	КН	Y	Small group discussion, DOAP session	Log book/ Skill station/Viva voce			
FM14.13	To estimate the age of focius by post-mortem examination	S	кн	Υ	Small group discussion, DOAP session	Theory/ Clinical assessment/ Viva voce			
FM14.14	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			
FM14.16	To examine & prepare medico-legal report of a victim of sexual offence/unnatural sexual offence in a simulated/ supervised environment		KH	Ÿ	Small group discussion, DOAP session	Log book/ Skill station/ Viva voca / OSCE			
FM14.16	To examine & prepare medico-legal report of drunk person in a simulated/ supervised environment	S	КН	Υ	Small group discussion, Bed side clinic, DOAP session	Log book/ Skill station/ Viva voce / OSCE			-
FM14.17	To identify & draw medico-legal inference from common poisons e.g. dhalura, castor, cannabis, opium, aconile copper suffixite, pesticidas compounds, marking nut, oleander, New vomica, abrus seeds, Snakes, capsicum, calotropis, lead compounds & tobacco.	1	KH	Y	Small group discussion, COAP session	Log book/ Viva voce			
	Dewinning !	No	ر در			A be	برسا	N Our	
77				0,			e. copies)

Number	COMPETENCY The student should be able to	Domain KISIAIC	Level K/KH/	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number	Vertical Integration	Horizontal Integration
			SH/P				to certify P		, , , , , , , , , , , , , , , , , , ,
	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		кн	Y	Small group discussion, DOAP session	Log book/ Skill station/ Vive voce / OSCE			
	To Identify & prepare medico-legal inference from histo-pathological stides of Myccardial Infarction, pneumonitis, tuberculosts, brain infarct, liver cirrhosts, brein haemorrhage, bone fracture, Pulmonary pedema, brein oedema, sool particles, diatoms & wound healing		КН	Υ	Small group discussion, DOAP session	Log book/ Skill station/ Vive voce			
M14.20	To record and certify dying declaration in a simulated/ supervised environment	6	кн	Y		Log book/ Skill station/ Viva voce /OSCE	·	- Advantage of the Control of the Co	· · · · · · · · · · · · · · · · · · ·
M14.21	To collect, preserve, seal and dispatch exhibits for DNA-Finger printing using various formats of different laboratories.	S	KH	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	КН	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, Perk Column H: If entry is P: Indicate how many procedures must be o	forms inde	ependen	tiy,	rtification/ graduation				`
ntegrat	ion		······································					****	·
	440400000000000000000000000000000000000		Н	uman A	natomy		***************************************		
N14.3	Describe the Importance of ossification of lower end of femur & upper end of tible	K	КН	Y	Lecture	Viva voce/Pracilicals		Forensic Medicine	***************************************
				n	1	1			2 1 1

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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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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

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

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FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

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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:	
Cerricolem washrater of per annexure and	
MM Quidelile, were lapremented	<u></u>
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medical colleges by consense	2
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The meeting ended with a vote of thanks to the chair.

Prof. Kajiv Garg (Chaixperson)

(OR ZIA (HAUDHURI)
Parig SK Mishara)

OPHTHALMOLOGY

	Undergraduate Curriculum based on CE LHMC, UCMS &			unamental II.		
	Department of Ophi		gV			
	Assessment Log book to be main	stained b	y the student	Miladator e a sacra dana co	***************************************	·
S. No	Competency	Core skill	Type of Teaching	Level	Assessment	Integration
	ulty Assessment	••••••••	······································			
OP1.1	Describe the physiology of vision	TY	L(1)	KH	Tw/v	Physiology (V)
OP1.2	Define, classify and describe the types and methods of	1 ₇	L (2), SGD	KH	W/V	111/3/3/3/5/5/11/
	correcting refractive errors		(1)	""		1
OP1.4	Enumerate the indications and describe the principles of	T Y	L(1)	KH	Tw/v	
	refractive surgery	`	1 - 1 - 7		1	
OP1.5	Define, enumerate the types and the mechanism by which	TY	T L (1)	KH	W/V	
	strabismus leads to ambiyopia		7		1 .,,,	
3P1.3	Demonstrate the steps in performing the visual acuity	y	DOAP (1)	S/SH	logback	Visual acuity
	assessment for distance vision, near vision, colour vision, the	1	14,	", "	1080000	assessment to
	pin hole test and the menace and blink reflexes				*	be certified
ld and ad	nexa, arbit	4			4	L ne ceruneu
DP2.1	Enumerate the causes, describe and discuss the aetiology,	ΤY	L (3),	КН	T W/V	6
1.77	clinical presentations and diagnostic features of common	1'		l ou	1 VV/V	Anatomy (V)
	conditions of the lid and adnexa including Hordeolum		SGO (1)			
	externum/ internum, blepharitis, presental cellulitis.		1			
	dacryocystitis, hemangloma, dermold, ptosis, entropion, lid					
	lag, lagophthalmos	CONTRACT OF THE PERSON OF THE				
3P2.4	Describe the aetiology, clinical presentation. Discuss the	ТY	L(1)	KH	lwv	
	complications and management of orbital cellulitis	1	[[1]	VL	W/V	
DP2.5	Describe the clinical features on ocular examination and	ł	-	ļ.,,,,		
	management of a patient with cavernous sinus thrombosis	ÌΥ		KH	W/V	· · · · · · · · · · · · · · · · · · ·
DP2.6	Enumerate the causes and describe the differentiating	<u> </u>	<u> </u>	<u> </u>		
27 2.0	counciate the causes and describe the differentiating	Y	L(1), SGD	KH	W/V	-
)P2.7	features, and clinical features and management of proptosis		<u> </u>			
172.1	Classify the various types of orbital tumours. Differentiate the	Y	L (1), SGD	KH	W/V	
	symptoms and signs of the presentation of various types of		(1)	1		
	Ocular tumours	<u></u>				1, 1, 1, 1, 1
)P2.8	List the investigations helpful in diagnosis of orbital tumors.	Y	L(1)	KH	W/V	
	Enumerate the indications for appropriate referral	_	1			
P2.2	Demonstrate the symptoms & clinical signs of conditions	Y	DOAP (1)	5	Skill	
	enumerated in OP2.1	<u></u>	1		assessment	
)P2.3	Demonstrate under supervision clinical procedures	Y	DOAP (1)	SH	5kiil	
	performed in the lid including: bells phenomenon,				Assessment	
	assessment of entropion/ ectropion, perform the					
	regurgitation test of lacrimal sac. massage technique in cong.					
distriction and annual services	dacryocystitis, and trichiatic cilia removal by epilation	A COLUMN TO THE REAL PROPERTY.	I			
onjunctiv		gainementeri, milijama,		person and a second		
P3.3	Describe the aetiology, pathophysiology, ocular features,	Υ	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,	¥	L(1)	KH	W/V	989660- manao na man
	differential diagnosis, complications and management of					
	trachoma,					•
P3.5	Describe the aetiology, pathophysiology, ocular features,	Υ	L(1)	KH	W/V	
	differential diagnosis, complications and management of					
	vernal catarrh					
P3.6	Describe the actiology, pathophysiology, ocular features,	Υ	L(1)	КН	W/V	
	differential diagnosis, complications and management of	Ī	-1-7	,	**/*	
	pterygium					
P3.7	Describe the aetiology, pathophysiology, ocular features,	Υ		кн	W/V	- Tremonium - Trem
	differential diagnosis, complications and management of	•		v20 2	-74 *	-
	symblepharon					
P3.1	Elicit document and present an appropriate history in a	Y	DOAP (1)	Cts	et.sh	commence in a common and a commence to the control of the control
	patient presenting with a "red eye" including congestion.	•	DUAY (1)	SH	Skill	•
	discharge, pain			٠ ا	Assessment	
P3.2	Demonstrate document and present the correct method of	***************************************	noin iii		21.51	
	examination of a "red eye" including vision assessment,	¥	DOAP (1)	SH	Skill	
	corneal fustre, pupil abnormality, ciliary tenderness			I	Assessment	
	i united HMIII. BIIDI ABBOTMANIU (Bibb) ionforate			*	4	

Parial June Mark

OP3.8	Demonstrate correct technique of removal of foreign body	T.Y	DOAP (1)	T SH	Skill	i i
OP3.9	from the eye in a simulated environment and Demonstrate	.4	DOAP (1)	351	1	
OP4.8			-		Assessment	
JP4.8	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				
Cornea	A A CONTRACTOR OF THE CONTRACT		-			
)P4.1	Enumerate, describe and discuss the types and causes of	Y	L (1), SGD	КН	W/V	Anatomy (V)
	corneal ulceration		(1)			
OP4.7	Enumerate the Indications and describe the methods of	l y	~ ` ` '	КН	W/V	OP4.7
2711.7	tarsorraphy	1'		101	**/*	Orm.
DP4.2		-		*		}
J#4.Z	Enumerate and discuss the differential diagnosis of infective	Y	L(1),	KH	W/V	
***************************************	<u> kerathis</u>	ļ	SGD(1)	<u> </u>	<u> </u>	<u> </u>
<u>)P4.3</u>	Enumerate the causes of corneal edema	Y	_ L (1),	KH	W/V	(
)P4.6	Enumerate the indications and the types of keratoplasty	Υ		KH	W/V	
)P4.4	Enumerate the causes and discuss the management of dry	Y	L(1)	KH	W/V	**************************************
	eye		- 1-1			
)P4.5	Enumerate the causes of corneal blindness	Ìγ	L (1), SGD	KH	W/V	<u> </u>
)P4.9	*************************************	·		grames decidences exception of		
31.4,3	Describe and discuss the importance and protocols involved	Y	(1)	KH	W/V	
	in eye donation and eye banking		<u> </u>	ļ.,,,,,,		
)P4.10	Counsel patients and family about eye donation in a	Y	DOAP (1)	SH	SkIII	
	simulated environment	of the second	including	1000	Assessment	
ya.			role play		www	
clera	AND	å	and an in in an industrial in the group of the			Lamana manaka in in dal
P5.1	Define, enumerate and describe the aetiology, associated	Υ	L(1)	KH	l w/v	Medicine (V)
	systemic conditions, clinical features complications	1	****	8.11	***	sascosmin fal
•			ĺ	1		
to the second	Indications for referral and management of episcleritis	<u> </u>	4	<u></u>		
)P5.2	Define, enumerate and describe the aetiology, associated	Y		KH	W/V	
	systemic conditions, clinical features, complications,			and the second	,	
	indications for referral and management of scleritis	<u> </u>			1	
ris and Ant	terior Chamber				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
)P6.1	Describe clinical signs of intraocular inflammation and	ľγ	L(2), SGD	KH	W/W	ACCOSTOCACO CONCRETA ANTINOCACION SE ANTINO
	enumerate the features that distinguish granulomatous from		(1)		***	
	non-granulomatous inflammation. Identify acute iridocyclitis		1			
	from chronic condition			AMERICA	dywo.	
DP6.2	Identify and distinguish acute iridocyclitis from chronic	<u> </u>	-	ensemment of the second		
Jr Q.L		Y	× .	KH	W/V	
	iridocyclitis	ļ		<u> </u>		
DP6.8	Enumerate and choose the appropriate investigation for	Y		KH	W/V	
	patients with conditions affecting the Ovea			É		
OP6.3	Enumerate systemic conditions that can present as	Υ.	[L(1)	KH	W/V	Medicine (H)
	iridocyclitis and describe their ocular manifestations	€ •				
P6.4	Describe and distinguish hyphema and hypopyon	γ	SGD(1)	KH	T w/v .	
)P6.5	Describe and discuss the angle of the enterior chamber and	Y		dan managan	W. (-1440)	
25 145.43	The state of the s	1	L(3),	KH	W/V	
MATERIAL MA	its clinical correlates	<u> </u>	SGD(1)			~q;;e;::::::::::::::::::::::::::::::::::
)P6.7	Enumerate and discuss the aetiology, the clinical	Y		KH	W/V	Anatomy (V)
	distinguishing features of various glaucomas associated with			1		
	shallow and deep anterior chamber. Choose appropriate		***	1		
	investigations and treatment for patients with above			1		
	conditions.					
)P6.9	Choose the correct local and systemic therapy for conditions	Y	L (3)	KH:	WW	
	of the anterior chamber and enumerate their indications.	!	F (2)	404.8	2012	
	advorse events and interactions	į		ŀ		
mc c	Control of the Contro	<u> </u>		L	.	
IP6.6	Identify and demonstrate the clinical features and distinguish	Y	DOAP (1)	SH	Skill	
	and diagnose common clinical conditions affecting the	PERMIT			Assessment	
	anterior chamber		Company			
P6.10	Counsel patients with conditions of the iris and anterior	Υ	DOAP (1)	SH	Skill	
	chamber about their diagnosis, therapy and prognosis in an		1		Assessment	
	empathetic manner in a simulated environment		1		- Managarding	
	3 mr. 1 pro- 4 p. 7 4 5 4 4 5 5 5 5 5 5 5 5 5 6 7 5 5	L	1	<u> </u>	. L	
				·		MINISTER AND
	Programming Administration and the control of the c					w
	Describe the surgical anatomy and the metabolism of the lens	A	L(1)	KH	W/V	Anatomy, (V)
ens)P7.1)P7.2	Describe the surgical anatomy and the metabolism of the lens Describe and discuss the aetio-pathogenesis, stages of	Y	L(1)	KH		Anatomy, (V) Biochiemistry

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	maturation and complications of cataract	T	5GD(1)	1		
OP7.4	Enumerate the types of cataract surgery and describe the	Y	L(1)	KH	w/v	
	steps, intra-operative and post-operative complications of			anopop		
·	extracapsular cataract extraction surgery.			1		
OP7.3	Demonstrate the correct technique of ocular examination in a	Υ	DOAP (1)	SH	Skill	
	patient with a cataract				Assessment	
QP7.5	To participate in the team for cataract surgery	Υ	DOAP (1)	SH	Skill	,
W. 7.3	an beneficht behand und ground and and and and Clark			Í	Assessment	
		1		}	/ Logbook	
OP7.6	Administer informed consent and counsel patients for	Y	DOAP(1)	SH	Skill	A Commence of the Commence of
UPIN	cataract surgery in a simulated environment	'	DOM (*)		Assessment	
		1		de commune	· de comment	ter emperiencem : mesasses committee are established
Retina and O		Y	T 1 /11	KH	W/V	Anatomy, (V)
OP8.1	Discuss the aetiology, pathology, clinical features and	Y	L (1)	[BD	**/*	Pathology
	management of vascular occlusions of the retina		1.7.	100	W/V	1 515.3014653
OP8.2	Enumerate the indications for laser therapy in the treatment	Y	L (1)	K	4414	
	of retinal diseases (including retinal detachment, retinal					
	degenerations, diabetic retinopathy & hypertensive			To your		
	retinopathy)			1		
OP8.4	Enumerate and discuss treatment modalities in management	Ÿ	L (2)	KH	W/V	
	of diseases of the retina	ļ.,				
OP8.5	Describe and discuss the correlative anatomy, aetiology,	Y	L (2), SGD	KH	W/V	Pupil assessmen
	clinical manifestations, diagnostic tests, imaging and			gazen		to be certified
	management of diseases of the optic nerve and visual			diameter of		
	pathway					
OP8.3	Demonstrate the correct technique of a fundus examination	Y	SGD (1)	SH	Skili	
	and describe and distinguish the funduscopic features in a				Assessment	
	normal condition and in conditions causing an abnormal					
	retinal exam			Gh. e.)uni		Actor to the contract of the c
Miscellaneou	A second	A	and the same of th	· ·		
OP9.2	Classify, enumerate the types, methods of diagnosis and	Y	1 (2)	KH	WN	
Graix .	indications for referral in a patient with heterotropia/					
	1			200		
~~^	strabismus Describe the role of refractive error correction in a patient	Τγ	L(1)	K	W/V	Medicine (H)
OP9.3	with headache and enumerate the indications for referral	! '	- 121		1	
	Enumerate, describe and discuss the causes of avoidable	γ	L (1)	KH	W/V	- A SERVING AND RECORDED TO THE RESIDENCE OF THE PARTY OF
OP9.4	Enamerate, describe and discuss the causes of avoidable	,	1 + 111	10.11	**7*	
	blindness and the National Programs for Control of Blindness	2				
	(including vision 2020)	Y	L(2)	KH	W/V	The second secon
OP9.5	Describe the evaluation and enumerate the steps involved in	1 4	ris.	: 1413	. 441.4	
	the stabilisation, initial management and indication for				- 1	
	referral in a patient with ocular injury				CA. SP	Performance
OP9.1	Demonstrate the correct technique to examine extra ocular	У	DOAP (1)	P	Skill	certification
· . ·	movements (Uniocular & Bistocular)	THE STREET			Assessment	8 *
			1			required
Integrated C			***************************************			della discoversioni di discoversioni di constituti di cons
With Anaton	ny modules (when they take these classes)					
AN30.5	Explain effect of pituitary tumours on visual pathway	N	L,SGD	ĶΗ	W/V	
AN31.3	Describe anatomical basis of Horner's syndrome	N	L,SGD	KH	W/V	
AN31.5	Explain the anatomical basis of oculomotor, trochlear and	Y	L,SGD	KH	W/V	
	abducent nerve palsies along with strabismus					
AN41.1	Describe & demonstrate parts and layers of eyeball	Y	L/LD,	5H	W/V	
* *******	An american and reconstables and a control because on partial and being on the 20 harmone.		DOAP			
AN41.2	Describe the anatomical aspects of cateract, glaucoma &	N	L,SGD	KH	W/V	
winds in	central retinal artery occlusion		200 300 300	1	1 7 7	
× 1182 ~	LATERIAN INTERNATION OF THE PROPERTY OF THE PR	h.	L,SGD	KH	- tw/v	The same of the sa
E.EPNA	Describe the position, nerve supply and actions of intraocular	144	1,500	1011	421 4	
	muscles and extraocular muscles	<u></u>				
	logy modules (when they take these classes)		·		***	و پروپوده ده ده در در در شهره و پروپوده ده در شرکت و پروپوده
PY10.17	Describe and discuss functional anatomy of eye, physiology of	Y	L,SGD	KH	W/V	1
	image formation, physiology of vision including colour vision,	Arreston	- X	1	, and a second	
	Refractive errors, colour blindness, Physiology of pupil and	vy jedov	Name :		**************************************	
	light reflex	l.	L			i ja viitatamaan mulkaan saan saan
PY10.18	Describe and discuss the physiological basis of lesion in visual	Y	L.SGD	KH	W/V	

Paroit for Sulfaming Mark Jan

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PY10,19	Describe and discuss audience					
PY10.20	Describe and discuss auditory & visual evoke potentials Demonstrate testing of visual acuity, colour and field of vision in volunteer/ simulated envisors.	Y	L, SGD	KH	I W/V	and the second control of the second control
With Pathok	in volunteer/simulated environment	Y	L, DOAP	Þ	Skill	
PA36.1	pgy modules (when they take these classes) Describe the glightey goesting	<u></u>	1		Assessment	
With Pharma	Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma cology modules (when they take these classes)	N	L.5GD	КН	[w/v]	
PH1.58	Describe drugs used in Ocular disorders		1		1	
	miculating modules Juhan than the	Y	L,SGD	КН	I W/V	
	presentation, identification function	Y	L, SGD	Ткн		
				I Ari	W/V	
	visual loss in the elderly				- -	

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).

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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.

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.
- 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

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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:

-	1	1	***************************************	164
	Ι.,	Dr. Neelima Gupta, ENT, UCMS - Chairperson	514	86,
-	•	1		
	2	Dr. Ishwar Singh. Deptt of ENT, MAMC		5. E
	3.	Dr. A. Chakravarti, Deptt of ENT, LHMC		
L				

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

Dr. Ishwar Singh

Deptt of ENT, MAMC

Dr. A. Chakravarti

Deput of ENT, LHMC

Chairperson

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	Undergraduate curriculum base			13/12/20	122	~3×~~~
***************************************		UCMS	***************************************			
	Department of					
	Assessment Logbook	to be n				
S No.	Competency	Core Skill	Type of Teaching	Level	Assessment	Integration
Anatomy an	d Physiology of ear, nose, throat, head & neck			<u> </u>		
EN1.1	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/Skitl Assessment	Physiology (V), Pathology (V)
Clinical Ski	lls	Å	To a second seco			
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 of the second o
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	er en de en
EN2,3	Demonstrate the correct technique of examination of the ear including Otoscopy	Y	Bedside clinic , DOAP session	S.F.	V/Skill Assessment	anne an an agus ann ann ann ann an an an an an an an an
EN2.4	Demonstrate the correct technique of performance and interpret tuning fork tests	Y	Bedside clinic , DOAP session	SH	Skill Assessment/OSCE	
EN2.5	Demonstrate the correct technique of examination of the nose & paranasal sinuses including the use of nasal speculum	Y	Bedside clinic, DOAP	SH	V/Skill Assessment/OSCE	and the second s

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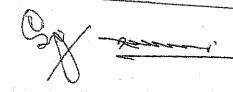
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EN2.6	Demonstrate the correct technique of examining the throat including the use of a tongue depressor					
	the use of a tongue depressor	no I V				
	- confere nebuessot	- L	Bedside clinic, DOA	P SH	DI:	
EN2.7	The state of the s	- 1	session		Skill Assessment	
San	Demonstrate the correct technique of examination of neck including elicitation of laryngeal crepins					
	elicitation of laryngeal crepitus	E Y	Bedside clinic, DOAI	-		v-i-
EN2.8	and with the first terminal and the first of the first terminal and	23 1000, 200, 100	session Session	SH	Skill Assessment	
W.42.0	Demonstrate the convert to the		1-0331011		and a series of the series of	
-	Demonstrate the correct technique to perform and interpret pur tone audiogram & impedance audiogram	e Ty				
Warning Company of the Company of th	same miberance andiogram	- 1	Bedside clinic, DOAP	SH		
EN2.9			session	1 3,1	V/Skill	
. *	Linese Confectly and interpret radiological				Assessment/OSCE	
**	Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders	Y	LGD, SGD, Bedside			
EN2.10	and civil discussion	1	clinia DOLD	SH	W/V/Skill	
**************************************	Identify and describe the use of		clinic, DOAP session		Assessment	
	Identify and describe the use of common instruments used in ENT	v				
MANAGEMENT CONTROL CON		. *	LGD, SGD, Bedside	SH	Skill	
EN2.11	The state of the s	.]:	clinic, DOAP session		1	
	Describe and identify by clinical examination malignant & pre-	ļ			Assessment/OSCE	
<u>.</u>	malignant ENT diseases	Υ	LGD, SGD	-		
N2.12		1	1 , 3 ,	SH	W/V/Skill	
	Counsel and administer informed consent to patients and their	1			Assessment	Dentistry (H),
: '	families in a simulated environment	Y			,	Dermatology (H)
	and the supplement		Bedside clinic, DOAP	SH	Citati	
N2.13	The second		session	OF THE SECTION ASSESSMENT		r
	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracherstony, anterior	-			Assessment/OSCE	and the state of t
	cuvironment (including tracheostoriny entering	Y	SGD, Redside clinic,	Acceptance of the second second second second		
	environment (including tracheostomy, anterior nasal packing,		DOAP session	SH	Skill	
N2.14	to the contract of the contrac		swaptuii		Assessment/OSCE	
142.14	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated		The state of the s		J JOCE	-
	into the ear, nose and the second the into the ear, nose and the second in the interior in the	Y				
	into the ear, nose and throat in a simulated environment	đ	Bedside clinic, DOAP	SH	City	
V2.15	Describe M.		session	ALC III (I	Skill Assessment	
	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution					
er an in the	noise & environmental pollution	Y	SGD, SDL			
				SH	W/V	
"Enostic and I	Therapeutic procedures in ENT			-		Community
Manager and American	The state of the s	***************************************				Medicine (V)
· · · · · · · · · · · · · · · · · · ·			The same of the sa	-		

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EN3.1	Observe and describe the indications for and steps involved in the	N	SGD, Bedside clinic,	КН	W/V	
	performance of Otomicroscopic examination in a simulated environment		DOAP session			n de la companya de l
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	КН	.W/V	one and the second seco
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	WVV	Months of the state of the stat
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	WV	
Management	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	·	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	Paediatries (V)

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EN4.4	Demonstrate the correct technique to hold visualize and assess the	Ÿ	SGD,	SH	W/V/Skill	
	mobility of the tympanic membrane and its mobility and interpret and interpret and diagrammatically represent the findings		DOAP session, Bedside clinic		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	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.8	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of CSOM-	Y	LGD, SGD, DOAP session, Bedside clinic	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	Y	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	WV
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	КН	W/V/Skill Assessment
EN4.21	Describe the clinical features, investigations principles of management of Tinnitus	Y	SGD	KH	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	SH	W/V/Skill Assessment

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EN4.23	Describe the clinical features, investigations and principles of management of DNS	Y	SGD	KH	W/V/Skill Assessment	
EN4.24	Enumerate the indications observe and describe the steps in a septoplasty	Y	SGD	KH	wv.	
			**			
EN4.25	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 Nasal Polyps	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
N4.26	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Adenoids	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 describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of	Y	LGD.	SH	W/V/Skill Assessment	Paediatrics (V)
1.4	Allergic Rhinitis				- STATE OF THE STA	
EN4.28	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 Vasomotor Rhinitis	Y	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	Y	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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200-200-200 Augusto 600 Aug	describe the principles of management of squamosal type of Epistaxis					
EN4.31	Describe the clinical features, investigations and principles of management of trauma to the face & neck	·N	SGD	KII	WW	The state of the s
EN4.32	Describe the clinical features, investigations and principles ofmanagement of nasopharyngeal Angiofibroma	Y	LGD	Ки	W/V	
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		LGD, SGD, Bedside	- Victorial continuous and a second continuous and a s	W/V/Skill Assessment	
EN4.34	Describe the clinical features, investigations and principles ofmanagement of Tumors of Maxilla	Y	LGD	KH	W/V	
EN4.35	Describe the clinical features, investigations and principles ofmanagement of Tumors of Nasopharynx	N	LGD	KH	W/V/Skill Assessment	
EN4.36	Describe the clinical features, investigations and principles ofmanagement of diseases of the Salivary glands	N	SGD	KH	W/V/Skill Assessment	
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	i .	SGD	SH	W/V/Skill · Assessment	
EN4.39	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and		LGD, SGD, Bedside elinie, 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	Twv	
	tonsillectomy / adenoidectomy	**************************************	and an all the confidence of The control of the copies of	in the transfer of the second	are a state of the	-
EN4,41	Describe the clinical features, investigations and principles of management of Acute & chronic abscesses in relation to Pharyux	Y	SGD	КН	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	
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	rop	кн	W/V/Skill Assessment	
EN4.46	Describe the clinical features, investigations and principles ofmanagement of Malignancy of the Larynx & Hypopharynx	Y	LGD	KH	W/V/Skill Assessment	
EN4.47	Describe the clinical features, investigations and principles ofmanagement of Stridor	X	LGD, SGD	KH	W/V/Skill Assessment	Paediatrics (V
EN4.48	Elicit document and present a correct history, demonstrate and describethe clinical features, choose the correct investigations and describe the principles of management of Airway Emergencies	Y	SGD	SH	W/V/Skill Assessment	Paediatrics (V

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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		SGD, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)
EN4.50	Observe and describe the indications for and steps involved in tracheostomy	Y	SGD, Bedside clinic	KI4	W/V	
EN4.51	Observe and describe the care of the patient with a tracheostomy	Y	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

2 July 23.

Johna/ Sigh,

7/1/2013

FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI दिल्ली विश्वविद्यालय

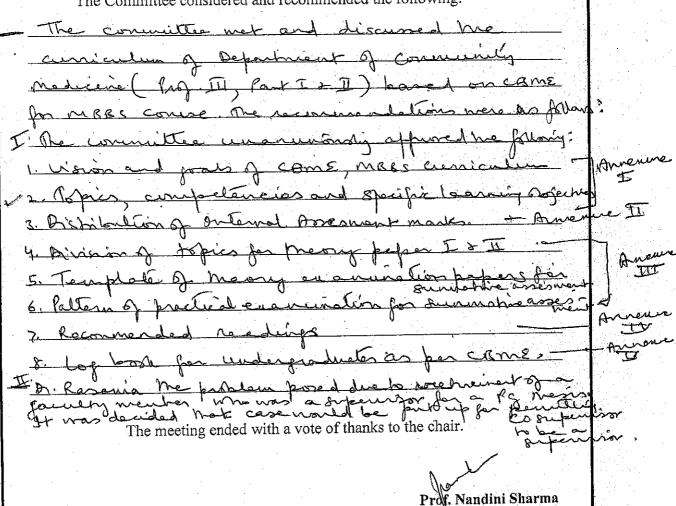
MINUTES

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	Υ :	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 construction de la constructio	,	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			and the state of t	
	spiritual health and relativeness and		Anna anna anna anna anna anna anna anna	X-100	Anna and an and an		a Contraction of the Contraction	
	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	T K	Īγ	Lecture	Written/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1.2.3	and the second of the second o		1	1 *	CCCCIC	Viva voce	-	
SLO	Enumerate and describe the determinants	K	K	tv	Lecture	Written/		dari limani manana m
1.2.4	of health				Small GD	Viva voce		
CM	Describe the characteristics of agent, host,				JiiiCiii Ciu	AIND ADTE	***************************************	
1.3	environmental factors in health and				-		-	·
	disease and multifactorial etiology of				Annahilian	**************************************	9 Photosissis	
	disease		and the second s			the state of the s		
SLO	Explain the concept of disease and illness	K	K	γ	Lecture	Written/	de servicio e en en escripcio de en	A
1.3.1					add to enterly	Viva voce	Diseased	
SLO	Describe epidemiological triad and web of	K	K	Y	Lecture	Written/	The second secon	
1.3.2	disease causation				NAMES AND STREET ST	Viva voce		
SLO	Describe the characteristics of agent, host,	К	К	Y	Lecture	Written/		
1.3.3	environment				A. Avenue	Viva voce		
SLO	Explain the role of interaction between	К	K	У	Lecture	Written/Vi		Ministration of the second
1.3.4	agent, host, environment in disease				Small GD	va voce		***************************************
	causation					·	A	***
CM	Describe and discuss the natural history of							
1.4	disease				AND THE PARTY OF T	***************************************		
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							**************************************
1.5	at various levels of prevention					***************************************		

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SLO	Describe the Levels of prevention	K	l K	Y	Lecture	Written/		
1.5.1					· ·	Viva voce	600 C	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	8-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	- : :
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 the second seco		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/	***************************************	
<u> </u>								

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1.7.3	indicators with data provided	1	T	1	<u> </u>	Viva voce		Ţ~~~ <u>~~~~</u>
	Triminator trici adda prossecu			And in the last of		Skill		
	•		D D D D D D D D D D D D D D D D D D D	9809V3-4-4-				The state of the s
			4,30			assessme nt		
CM	Describe the demographic profile of India,	<del></del>	1	-		1 116		
1.8	and discuss its impact on health			over the second		As a Normal project de la constanta de la cons	a a a a a a a a a a a a a a a a a a a	Secretary Control of the Control of
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>		· ·	-	<u> </u>	AETCOM	terme describes en l'access de second et s'estimate de l'access de l'access de l'access de l'access de l'acces
1.9	communication skills in health in a							
	simulated environment					-		
SLO	Enumerate and describe various types and	K	К	İγ	Lecture	Written/		
1.9.1	methods of communication		***************************************			Viva voce	***************************************	
SLO	Describe the process and steps of	K	КН	ÎΥ	Lecture	Written/		
1.9.2	communication			of the second	Role play	Viva voce	94.mm	
	the state of the s	***			Small GD			٠.
					Video	Advergence	New Market 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	radiaminopay	
SLO	Conduct IEC programme using good	K/S/A/C	K/KH/	Y	Role play	Skill		
1.9.4	communication skills		SH/P	E Constitution of the Cons	DOAP	assessme	Automotion	
					Video	nt	· ·	

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CM	Demonstrate the important aspect of						AETCOM	
1.10	doctor patient relationship in a simulated		***					reformer/+Heir
	environment				O CONTRACTOR OF THE CONTRACTOR			No.
							NA ANALAS MANAGANA M	Areasand
SLO .	Describe the doctor patient relationship	K/A	K/KH	Υ	Lecture	Written/		
1.10.1			***		Small GD	Viva Voce	×	and open and
		***************************************				OSPE		
SLO	Explain the importance of communication	K/A	K/KH	Y	Lecture	Written/		
1.10.2	in medical practice				Small GD	Viva Voce	AND	and
						OSPE		Later and the second
SLO	Demonstrate how doctor should deal with	A/S/C	SH/P	Υ	Role play	Written/	-	
1.10.3	the patient				Small GD	Viva voce	a comment	
-					Case study	OSPE		
			1		DOAP		na n	
<u> </u>		<u> </u>			Video			
	Topic: Relationship of so				ith and diseas	<b>.</b>		
		per of com	petencies	: (5)				
<u> </u>	end of the session the student shall be able t	o:	***************************************			**************************************		***************************************
CM	Describe the steps and perform clinico-			-	VVIII			A principal was a second
2.1	socio-cultural and demographic				and the same of th	·		
	assessment of individual, family,	į			New Andrews			
616	community				-			
SLO	Explain the importance of socio-cultural	K	K	Y	Lecture	Written/Vi	· ·	
2.1.1	and demographic assessment in health				Small GD	va voce	and a second	
-	care				ļ		***************************************	Fig. 1
SLO	Describe steps of socio-cultural and	K	K/KH	Y	Lecture	Written/	anna anna anna anna anna anna anna ann	
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	Skill assessme		
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		
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	Particular Constitution (Constitution Constitution Consti	
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		To any other than the state of
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	riang di Bargaria (Bargaria  (Bargaria  (Bargaria (Bargaria (Bargaria (Bargaria (Bargaria) (Bargaria) (Bargaria (Bargaria) (Bargaria) (Bargaria (Bargaria) (Bargaria) (Bargaria (Bargaria) (Bargaria) (Bargaria) (Bargaria (Bargaria) (Bargaria		Window The Control of	The state of the s			**************************************
SLO 2.3.1	Enumerate barriers to good health and health seeking behavior	K	K	Y	Lecture Small GD	Written/ Viva Voce		
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	A the contract of the contract	
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	Territorio (1907) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909) (1909	
SLO 2.3.4	Identify the barriers to good health and health seeking behavior of individual, family and community	K/S	KH/SH	. Y.	Role play Small GD, DOAP	Skill assessme nt	<ul> <li>Ответствення по постановлення по постановлення по постановлення по /li></ul>	en international contention of contention of the second contention of t
CM 2.4	Describe social psychology, community behaviour and community relationship and their impact on health and diseases				(1989)	A Control of the Cont	and the second seco	
SLO 2.4.1	Describe social psychology and its various aspects	K	K	Y	Lecture	Written/ Viva voce		**************************************
SLO 2.4.2	Describe community behavior and community relationships	K/A	K	Y	Lecture	Written/ Viva voce	ginner anne er epini nermanner anne en innier en i	
SLO 2.4.3	Describe impact of above two on health and diseases	K	K	Y	Lecture	Written/ Viva voce		
CM 2.5	Describe poverty and social security measures and its relationship to health and disease		The state of the s					

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SLO	Define poverty, its burden and poverty line	K	K	Īγ	Lecture	1 14/2/24 - /	The state of the s	
2.5.1	in India	P.	*	in an	rectule	Written/ Viva voce		
SLO	Describe various health problems and	K	ĸ	7	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 e
3.1	noise, radiation and pollution					- 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 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 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 s	
					GD			e t

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		·	***************************************	·		ayınının (1909)		
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/		<u> </u>
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	-			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	AIAG AOCE		
***************************************		E0			Video			
СМ	Describe the etiology and basis of water	****			Ainen	***************************************	\$ ** : ·	
3.3	borne diseases, jaundice, hepatitis,						Microbiology,	:
3.3	diarrheal diseases			i.			General	
	ulaitiledi bisedses			No history and			Medicine,	
							Pediatrics	
SLO	Classify water-related diseases	K	K	Υ	Lecture	Written/		
3.3.1		• Vinance communication of the				Viva voce		:
SLO	Describe the burden, epidemiological	K	K	Y	Lecture	Written/	***************************************	***************************************
3.3.2	determinants, clinical spectrum,			and Order aby	Small	Viva voce		
	management and control of water related				GD			
	diseases		esammag).	The state of the s		MY SEA COLOR		
SLO	Describe the methods of household	K	T KH	Ìγ	Lecture	Written/		
3.3.3	purification of water including principle of			100 A	Small	Viva voce	And the second s	
100100000000000000000000000000000000000	chlorination				GD	11900 90000		
SLO	Demonstrate the steps of handwashing	5	SH/P	¥	Lecture	Written/	TTTT:	**************************************
3.3.4		I.T			Video	Viva Voce		
					DOAP	Skill		
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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 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 t	
					GD	AIAG AOFE		ě.
			7			At the same of the		00000000000000000000000000000000000000
					Case	***************************************		
CM	Describe the standards of housing and			-	study			
3.5	effects of housing on health					South Control of the		
<del></del>								
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		
				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 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	
CM 3.7	Identify and describe the identifying features and life cycles of vectors of Public Health importance and their control measures	-			All 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	V.	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	Υ	Lecture, Small GD	Written/ Viva voce		A 144 A
SLO 3.7.5	Explain the role of community in vector control and educate community members	K/A/S	SH	Υ .	Lecture Field	Written/ Viva voce		

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7	about vector control				visit	OSPE		<b>W</b>
			TERRITORISM TO THE TERRITORISM T		DOAP	Skill assessme nt	red.	
CM 3.8	Describe the mode of action, application of commonly used insecticides and rodenticides		A 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
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			PERSONAL CONTRACTOR CO		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
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 s	arran arang mengangkan pengangkan pengangkan pengangkan pengangkan pengangkan pengangkan pengangkan pengangkan

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		İ	T	T		Int		
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	
	Numbe	Topic: Nu er of com		(08)			Security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of the security of th	

CM	end of the session the student shall be able to Describe the common sources of various						General	-
.iv: j.1	nutrients and special nutrient		1	***************************************		-	Medicine,	
Pasik	requirement as per age, sex, activity,			į			Pediatrics	****
·	physiological conditions							<u></u>
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	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	
w	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	KH	Y	Lecture	Written/	Marie Control of the	
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						Medicine,	
	assessment of individuals, families and			Wilde			Pediatrics	
	the community by using appropriate			a was a second			***************************************	
	method							-
SLO	Describe various methods of nutritional	K	K	¥	Lecture	Written/	7-47-7-68-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8	
5.2.1	assessment along with their advantages	And the second			Small GD	Viva voce	Queen 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	
	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		***************************************	ppppppalla/div	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	
5LO 5.3.1	Define mainutrition and enumerate the associated disorders	К	K	Y	Lecture	Written/ Vivavoce		TTP-170-100-100-100-100-100-100-100-100-100
SLO 5.3.2	Discuss various macronutrient deficiencies (PEM) and their prevention and control	K	KH	Y	Lecture Small GD	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 5.3.3	Discuss various micronutrient deficiency (e.g.: Fe, Vit A, Zn, Iodine) disorders and their prevention and control	K	KH	- <b>Y</b> -	Lecture Small GD	Written/ Viva voce		
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/5	KH/SH/	<b>Y</b>	Lecture Small GD DOAP	Written/ Viva voce Skill assessme nt		
SLO 5.4.3	Develop healthy diet plan for families and individuals of special groups viz. children,	K/5	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.				**************************************		O TOTAL CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE 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	
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 second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	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	***************************************	-
CM 5.7	Describe food hygiene				Jinan	VIVA VOCE	м в изветь в этом поставления в населения	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	American Marie (Marie (Marie American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American A	
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 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		one amount on communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of the communication of	***************************************	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 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			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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						assessme		
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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		with the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of t	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	K	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	:
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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							***************************************
SLO 7.2.1	Explain the dynamics of transmission of communicable diseases and enumerate the direct and indirect modes of transmission with examples	K	8	Y	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	\$ 1.00 miles (1.00	
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		
5LO 7.3.2	Describe the International Death Certificate with an example of a hypothetical condition	K	K	٧	Lecture	Written / Viva	The second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of	Application 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
CM 7.4	Define, calculate and interpret morbidity and mortality indicators based on given set of data				Walter Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		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	Υ	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	·						
CM	Describe and demonstrate the application			W. Carrier			**************************************	
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	Υ	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			3000aiaia	DOAP	Viva		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
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8. <b>1</b> .1	communicable diseases					Viva		***
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	communicable diseases of public health		200					
	importance							
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8.3.2	under each national programme	De-season and the season and the sea			-	Viva		
SLO	Describe the treatment regime followed	K	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>Nakkit Makkit (M</mark> agagana na	
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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 in 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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	public health importance of the disease			Constant	ejer ejet ekstrasi			uşumada bir u di
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 second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second 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	SSS LANCE OF
-	of input process output				<u> </u>			
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/		27
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 .	A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina and A. Parisina an
- 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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L	health importance	<u> </u>	1		<u> </u>	***		

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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.w.	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		WATER CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRA
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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:						WW.
CM	Define and describe the principles of			-	***			
9.1	Demography, Demographic cycle, Vital		100 ABA			Anna anna anna anna anna anna anna anna	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
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CIVI	Define, calculate and interpret					ab / fébruage	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,	100 CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CONT. CO
	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		- Andrews
		l.				<u> </u>	7	annua gen

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Bohinan

						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		•	- 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				Landida.		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 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 dela composición de la 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		
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	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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			L. C.			
SLO 10.6.1	Enumerate and classify the temporary and terminal methods of family planning	K	ik.	Y	Lecture	Written / Viva		na sanan inaka inana arawa
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.
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	.: :	
CIVI	Describe the physiology, clinical						A TOTAL POR PROPERTY 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 P	***************************************
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	Y	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	
10.9.2	consequences		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	- Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deliver - Deli		Viva	i.	
SLO	Describe ways to promote women	K	K	γ	Lecture	Written /	APPROXIMATION AND APPROXIMATION APPROXIMATION AND APPROXIMATION AND APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPR	October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October October Octobe
10.9.3	empowerment and improve position of	a				Viva		
	women in society	200			***************************************	*/•		
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11.1	features of patients with occupational						***************************************	
	illness including agriculture			NEIDWITCHEG		-		universe de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la
SLO	Enumerate and describe the various types	K	К	Y	Lecture	Written/Vi	***************************************	
11.1.1	of pneumoconiosis				alora A cada de la cada de la cada de la cada de la cada de la cada de la cada de la cada de la cada de la cada	va voce		PORONE .
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 of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr	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		
11.3,1	hazards				Factory	va voce		
	·				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	•	-
	agents		***************************************		Visit			-

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SLO	Discuss the measures for prevention of	K	K	Y	Lecture	Written/Vi		***************************************
11.3.3	occupational diseases		e per a productivo de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio del companio de la companio del companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio del la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la companio de la	and a second	Factory Visit	va voce	7	No. 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 the con
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		1
11.5	Describe occupational disorders of health professionals and their prevention & management	:				. <u> </u>		
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
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At the	Numo end 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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By Lay Cay

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Boteman

SLO	Define geriatric age group	K	K	T Y	Lecture	Written/Vi	**************************************	rianda ingiliation and interference of the second property and an analysis of the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and the second property and
12.1.1				- Yelaniya asymptosis and an an an an an an an an an an an an an		va voce	<u> </u>	
SLO	Discuss the necessity of providing geriatric	K	K	Y	Lecture	Written/Vi		
12.1.2	health services	_				va voce	entrance of the second	
CM	Describe health problems of aged					77.000000000000000000000000000000000000	General	
12.2	population				was was a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second		Medicine	man va Milo
SLO	Enumerate and describe the health	K	K	Υ	Lecture	Written/Vi		***************************************
12.2.1	problems occurring due to the aging			.]	Case study	va voce	Electronic Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of	
·	process				Field Visit		ov.	
SLO	Enumerate and describe the long-term	K	K	T Y	Lecture	Written/Vi		
12.2.2	illnesses commonly occurring in the				Case study	va 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	
	geriatric population	d.	***************************************		Field Visit	1000		
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					T-VINIOUN CELLER CONTRACTOR	General	***************************************
12.4	· ·		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	
SLO	Mention the salient features of the	К	К	γ	Lecture	Written/Vi		
12.4.1	National Policy for Older Persons			ľ	V	va voce		
SLO	State the objectives of the National	К	K	γ	Lecture	Written/Vi		
12.4.2	Programme for Health Care of the Elderly	p.company	2000	:-		va voce		
			2000		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		(1)	<b>,</b>

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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		
•	Topic	Disaster	Managem	ent	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	***************************************	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		
	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		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	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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	- De mars			À	lal	Sull		Page	F 37
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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 the best of the First State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State	
CM 13.4	Describe the details of the National Disaster management Authority						General Surgery, General	
SLO 13.4.1	Describe the organisational structure of the National Disaster Management Authority (NDMA)	K	. K	Y	Lecture Visit NDMA	Written/Vi va voce	Medicine	
SLO 13.4.2	Enumerate the functions and responsibilities of the NDMA	K	K	Y	Lecture	Written/Vi va voce		
***************************************		ber of co	waste mana _l mpetencies	=="				
CM 14.1	Define and classify hospital waste							Microbiolo gy
SLO 14.1.1	Define biomedical waste	K	K	У	Lecture	Written/Vi va voce		
SLO 14.1.2	Enumerate the sources of biomedical waste	K	K	Y	Lecture	Written/Vi va voce		
SLO 14.1.3	Classify hospital waste according to law related to biomedical waste management	K	KH	<b>~</b>	Lecture Hospital visit	Written/Vi va voce OSPE Skill		
<b></b>	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	***	<u></u>		Assessme		<b>\$</b>

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CM 14.2	Describe various methods of treatment of hospital waste				NOTE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE 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		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 second 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 property and a second parameter and the second parameter and estimated	I va voce	-										
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15.2.2	according to International Classification of					va voce	and the second										
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15.3							•										
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15.3.2	District Mental Health programme					va voce	· .										
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SLO	Differentiate between objectives, targets	K	K	Y	Lecture	Written/Vi		
16.1.3	and goals and discuss the importance of				a and a second	va voce		
	clearly defining these in a health plan			. 10	AND ALL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE			
CIVI	Describe planning cycle			1		7000	en en en en en en en en en en en en en e	
16.2	;				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	Explain the concept of cycle in health	K	K	Y	Lecture	Written/Vi	Elizabeth en en en en en en en en en en en en en	
16.2.1	planning				AND	va voce		
SLO	Describe the steps in a planning cycle	K	K	Y	Lecture	Written/Vi		***************************************
16.2.2						va voce		
SLO	Formulate a plan for any service to be	K	KH	Υ	Lecture	Written/Vi		
16.2.3	delivered at the primary health care level					va voce		
CM .	Describe Health management techniques			2000-11-1			enterente de la composition de la financia 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	
16.3								. :
SLO	Define management	K	Κ	Y	Lecture	Written/Vi		
16.3.1						va voce		
SLO	Describe the various management	K	K	Υ.	Lecture	Written/Vi		***************************************
16.3.2	methods and techniques commonly used					va voce	•	way bear and a second
	in the field of health	ľ	1000	Activities	out and the second			- Managaran
CM	Describe health planning in India and				·		**************************************	
16.4	National policies related to health and				West 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 seco			
	health planning							
SLO	Discuss the recommendations of the	K	K	Y	Lecture	Written/Vi	in the consequence of the first of the consequence of the first of the constitution of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of th	
16.4.1	various health committees that				AND AND AND AND AND AND AND AND AND AND	va voce		
	contributed to planning the health care							
	delivery system in India			_				
SLO	Describe the thrust areas in health care, of	K	K	Υ	Lecture	Written/Vi	ingen (general de la magiliè de la decentra de la magilia de la magilia de la magilia de la magilia de la magi	
16.4.2	the most recent five-year plan					va voce		

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Bohiman

SLO	Describe the organisation responsible for	K	K	TΥ	Lecture	Written/Vi		
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		
	•		etencies:	-		-		
At the a	end of the session the student shall be able to			,				
CM	Define and describe the concept of health	nay naganaa sii waxay u raaanaa waxaa ahaanaa ahaa						
17.1	care to community				1	in the second		
SLO	Define community	K	K	Y	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	Annah managan panahan menandah Pada panahada bahkadah bahan sebah
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					va voce		
SLO	Describe the method of providing health	K	KH	Υ	Lecture	Written/Vi	A Barrier no un caser, de destingues excellentes no income no membre y excellentes excellentes ex-	***************************************
17.1.3	care to a community and families within a					va voce	er er er er er er er er er er er er er e	
	community							
CM	Describe community diagnosis	to a series of the last control of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the serie						
17.2					and the second second		<u>.</u>	
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			
SLO	Describe aspects on which community	K	K	Y	Lecture	Written/Vi		in the instant of Jenner .
17.2.2	diagnosis is made					va voce		
SLO	Discuss the method of undertaking	K	K	Υ	Lecture	Written/Vi		
17.2.3	community identification and community				day vidana	va voce		*****
	diagnosis				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 Contraction o		1.5 14. 1.1.4.1.1.	
SLO	Conduct survey of a community and make	K/A/S	K/KH/P	Υ	Lecture	Written/Vi	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	
17.2.4	community diagnosis				Field Visit	va voce		-
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CM	Describe primary health care, its		anov yourne			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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	PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPA		
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				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	anadaumaa.	· ·	
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	K	K	ΙY	Lecture	Written/VI		***************************************
17.3.4	Coverage		- Law		- THINNEY COLOR	va voce		
SLO	Discuss the implementation of Universal	К	K	Y	Lecture	Written/Vi	***************************************	
17.3.5	health Coverage in India				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 state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of 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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17.4	health and health planning and			a aerecite	200			
	millennium development goals			. Marine and a second	-			
SLO	Describe the goals, objectives and thrust	K	K	ĺΥ	Lecture	Written/Vi		
17.4.1	areas under the National Health Policy					va voce		
SLO	Discuss the background to formulation of	К	1 K	İΥ	Lecture	Written/Vi		
17.4.2	Millennium Development Goals and their		7			va voce		o de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de 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
	current status of achievement in India							
5LO	Enumerate the Sustainable Development	K	K	Y	Lecture	Written/Vi	NNESSER I SERVER SCHOOL SCHOOL SCHOOL SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SE	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
17.4.3	Goals					va voce		et constant
CM	Describe health care delivery in India							
17.5			Walter State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of 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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SLO	Enumerate the levels of health care	K	K	Τy	Lecture	Written/Vi	**************************************	
17.5.1						va voce		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	Describe the health care delivery system at	K .	· K/KH	Y	Lecture	Written/Vi	Parente Parente Marie Parente Marie Parente Parente Parente Parente Parente Parente Parente Parente Parente Pa	
17.5.2	various levels in India				Visit	va voce	- -	anaileotzin
SLO	Discuss health care provided by the private	K	K	Υ	Lecture	Written/Vi		
17.5.3	sector and voluntary organisations					va voce		
SLO	Describe the role and functions of the	K	K/KH	Y	Lecture	Written/Vi		
17.5.4	various community personnel providing	٠.			Field Visit	va voce		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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CM	Define and describe the concept of							
18.1	International health							
SLO	Discuss the concept and importance of	К	K	Y	Lecture	Written/Vi		
18.1.1	implementing International Health	ينه دول الم		r Arçainment de la Company	***************************************	va voce		
	Regulations (IHR)							4.
SLO	Define Public Health Emergencies of	K	K	Υ	Lecture	Written/Vi		
18.1.2	International Concern (PHEIC)	agome-rossississississississississississississi	gg ggg, ar ogg, ng til stog ett geganna <b>an se e</b>	#*****************************		va voce		1
SLO	Describe the guidelines for assessment and	K	KH	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
18.1.3	notification of disease under the IHR	ļ	****		•••••	va voce		
CM	Describe roles of various international					i constanti		
18.2	health agencies							
SLO	Enumerate the important agencies working	K	К	Υ	Lecture	Written/Vi	-	
18.2.1	for promotion of international 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		erelaka malaristrahisa saman	Visit	va voce		
SLO	Describe the role and function of each of	K	K	Y	Lecture	Written/Vi		1
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18.2.2	the important agencies along with services provided by the agencies in India	***************************************				Va voce	ON PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA
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At the a	end of the session the student shall be able to		ilaen ien i nenenn	. (ou)		•	
CM	Define and describe the concept of			·			Pharmacol
19.1	Essential Medicine List (EML)	·		022/case		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	ogy
SLO	Define essential medicines	K	K	Y	Lecture	Written/Vi	
19.1.1		***	aprinciple .		· ·	va voce	
SLO	Discuss the need for use of essential	K	K	Y	Lecture	Written/Vi	e de mangraphic au mandre de mangraphic au consciou de company de la propriété de la propriété de mandre de mandre de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company
19.1.2	medicines					va voce	
SLO	Outline the criteria for selection of	K	K	Υ	Lecture	Written/Vi	
19.1.3	medicines to be included in the Essential		WATER TO THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK			va voce	BACCAST LINE
	Medicine List		e-manuscript 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 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				
CM	Describe roles of assential medicine in					:	Pharmacol
19.2	primary health care		***************************************				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	Y	Lecture	Written/Vi	
19.2.2	essential medicines in primary health care					va voce	1
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	
SLO	Mention the reasons of counterfeiting of	K	K	Υ	Lecture	Written/Vi	·
19.3.2	medicines	***************************************		erikine iz serikereri Amerika arrom		va voce	
SLO	Describe the measures to prevent	K	K	Υ	Lecture	Written/Vi	
			.1				National States

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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 в помента в водо в помента в водо в 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 ketti berkala kalandaran perilangan perangan perilangan perilangan perangan perilangan perilangan
			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	mer ver verkere verkere in de een een de een verke en verke verkere verkere verkere verkere verkere verkere ve	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 verme var var karren 1. erkende et erret 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 MERINANIAN PERINANGAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENERSAN PENER
SLO 20.2.4	Prepare a report of outbreak investigation and measures taken	K/S	KH/SH/	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	Pass Criteria
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 / elinical + 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
Epidemiology Biostatistics exercises	/ 20 marks (10 X 2)	pertinent to the allotted index case & family specially related to lifestyle 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	:	

### 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		. 1
Marks distribution b	y Part	Allotted marks
PARTA		20
PART B		32
PART C		24
PART D		24
Total marks		10(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 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
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 Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and Companya and 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

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# 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
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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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Record of Visits	
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Description of learning outcomes for selected competencies	24
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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	**************************************
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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

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#### 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 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C 100 C	2 m - 170 m - 1 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 m - 170 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	
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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?
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<u>,</u>	
3. 1	How can this visit help you in the process of becoming a doctor?
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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
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Hospital department - 2		y y mar a na mara addadd a'i Mall Nell Stall (Mall Mall Mall Mall Mall Mall Mall
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Special OPD -2	ann an shift, dann in product of the states place 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	
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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
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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 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	
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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	2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S2007 S			AND SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SECTION SE
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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?
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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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Obs	ervation 4
Obs	ervation: Visit to Anganwadi Centre
	of posting:
	What did you observe during your visit to AWC?
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Single-Angeles	
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2.	Based on your observations and talking to the health care workers concerned, what are the
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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 the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that 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 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 th		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			
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 the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same 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CM9.2 Define, calculate and interpret demographic indices including birth rate, death rate, fertility rate	Demography exercise	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 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CM 10.1 Describe the current status of Reproductive, maternal, newborn and Child Health		- Variation		A VENT WAY THE THE THE PROPERTY 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 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 communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de communación de 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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.

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			-
	**************************************	LONE (A)	
-			
AETCOM Module*			
Name and number of the module:		NORMANONIMENTALIA DE PROCESSO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO DE COMO	
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*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		enggen o na na na na na na na na na na na na na
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 control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the 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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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
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methods of screening high	2.Assessment of postnatal woman		4.07.09.00	and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of 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
risk groups and common health problems	3.Assessment of newborn child			
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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 11: Selected competencies which need to be achieved and documented: Skill domain

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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 Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright Copyright		A Commence and 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 t			
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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 second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second 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	
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 as a second to the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the	n		
CM 16.2 Describing planning cycle	Seminar as decided by Facilitator			A CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA 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 state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		Fig. 4. And Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control 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			

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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 Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual 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.)

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#### Table 2:

Marks Obtained in the various postings in Community Medicine:

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*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
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	Phase II	40	
		60	
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# FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

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### **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

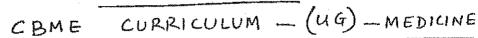
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The meeting ended with a vote of thanks to the chair.

S. Anwadha Dr. S. Anuradha (Chairperson)

# GENERAL MEDICINE

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.
	7	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.		AND THE RESERVE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE 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
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
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M4400000000000000000000000000000000000	Activities and a second control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	IM1.3.4	Discuss Infective endocarditis.
IW1.4	Stage heart fallure	IM1.4.1	Discuss heart failure with reduced ejection fraction
OCCOMENS AND PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P		IM1.4.2	Discuss heart failure with preserved ejection fraction
Military and American		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
	failure including: presenting complaints,		heart failure its cause
	precipitating and exacerbating factors.		and severity.
	risk factors exercise tolerance, changes in		
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	sleep patterns, features suggestive of	evelulare.	***************************************
	infective endocarditis		
		IM1.10.2	Elicit document and
			present history of
			presenting complaints,
			precipitating and
:	•	-	exacerbating factors, risk
			factors , exercise
			tolerance, changes in
			3
EKENEDELIENEUEKENNISEEN SINSEEN			sleep patterns
		IM1.10.3	Elicit document and
			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		-
			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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 respiratory rate, jugular venous		
	forms and pulses, peripheral pulses,		amage open
	conjunctiva and fundus, lung, cardiac		
	examination including palpation and		4
	auscultation with identification of heart		
	sounds and murmurs, abdominal		ob an entered
	distension and splenic palpation		
***************************************	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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	IM1.11.2	Perform and
:			demonstrate peripheral
			pulses
		IM1.11.3	Perform and
		***************************************	demonstrate conjunctiva
		-	and fundus
	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	18.43.44.4	
		IM1.11.4	Perform and
	·		demonstrate lung,
***************************************			cardiac palpation
		IM1.11.5	Perform and
	-	en access	demonstrate
	· ·	i aucor	auscultation with
		Table 1	identification of heart
			sounds and murmurs
	The second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of	IM1.11.6	Perform and
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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 second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco		discussion diagnosis including 12 lead ECG,
	Collision	- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the 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	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 STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE 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	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 of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first	Management (Management Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of	IM 1.19.2	Describe the ECHO
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CC CCCS: CCCBC-SPC-SPC-SPC-SPC-SPC-SPC-SPC-SPC-SPC-SP		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 more many little	A second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of th	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 company de la company de la company de la company de la company de la company de la comp		   IM 1.19.6	ADMICS SALAR RECOGNISION CONTRACTOR AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND ADMICS AND A
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9000000		IM 1.23.3	Discuss the effect of lifestyle habits like smoking and alcohol
		IM 1.23.4	Role of vaccination
IM 1.24	Describe and discuss the pharmacology of drugs including indications,	IM 1.24.1	Describe the pharmacological
	contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone		mechanism of action of drugs
	antagonists and cardiac glycosides	IM 1.24.2	Discuss the indications and contraindications in management
IM 1.25	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation		
IM 1.26	Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology	IM 1.25.1	Develop an algorithm for management of heart failure
IM 1.27	Describe and discuss the role of penicillin prophylaxis in the prevention of rheumatic heart disease	MAA-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	
IM 1.28	Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease	IM 1.28.1	Causes of congenital heart diseases presenting in adulthood
ermonen til til til skrivet krivet kannelige kvi	- CISCASC	IM 1.28.2	Enumerate the differentiating features of cyanotic and acyanotic congenital heart disease
IM 1.29	Elicit document and present an appropriate history, demonstrate correctly general examination relevant clinical findings, formulate document and present a management plan for an adult patient presenting with a common form of congenital heart disease	IM 1.29.1	History taking
	Management of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of 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 1.29.2	General and system specific examination
IM 1.30	Administer an intramuscular injection		

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	disease	11.25 1 5	Describe the role of
		IM2.1.2	atherosclerosis in
			Ischaemic heart disease
		IM2.1.3	Discuss Epidemiology of
			Atherosclerosis and
			Ischaemic Heart Disease
		IM2.1.4	Enumerate the
	-		antecedents and risk
			factors for
		en en en en en en en en en en en en en e	Atherosclerosis and
j.			Ischaemic Heart Disease
IM2.2	Discuss the aetiology of risk factors both	IM2.2.1	What are the non-
.:	modifiable and non-modifiable of		modifiable risk factors of
	atherosclerosis and IHD		atherosclerosis and IHD
	THE RESIDENCE OF THE PART THE THE THE THE THE THE THE THE THE TH	IM2.2.2	Discuss the etiology of
1 7	:	144411667134	modifiable risk factors of
		1	atherosclerosis and
			schemic heart disease
***************************************		IM2.2.3	Describe the etiology of
		11/12.2.3	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
	the role of dyslipidemia in the		
	pathogenesis of atherosclerosis		
	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	IM2.3.2	Define dyslipidemia
-		IM2.3.3	Discuss the role of
			dyslipidemia in the
:	· ·		pathogenesis of
á			atherosclerosis
IM2.4	Discuss and describe the pathogenesis	IM2.4.1	Discuss the pathogenesis
	natural history, evolution and	avonas.arit	of atherosclerosis and
	complications of atherosclerosis and IHD		IHD
Carlanderlage in december 1994 (1994), the		IM2.4.2	Describe the natural
4 . 4		*	history and evolution of
1			atherosclerosis and IHD
·		IM2.4.3	Describe the
į.			complications of
·	***************************************		atherosclerosis and IHD
	Define the various acute coronary	IM2.5.1	Enumerate the various
IM2.5		HVIA-W.A	acute coronary
	syndromes and describe their evolution,		
<del>ia mandala maria a ma</del>	natural history and outcomes		syndromes
	· ·	IM2.5.2	Define the various acute
			coronary syndromes
	Ecohamia	IM2.5.3	Discuss the evolution

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		1	clinical presentation
		IM2.7.3	Document a physical
		11012-71-0	examination including a
		-	vascular and cardiac
	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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		examination that is
			appropriate for the
ч	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		clinical presentation
IM2.8	Generate document and present a	IM2.8.1	Document a differential
***************************************	differential diagnosis based on the	1,000	diagnosis based on the
	clinical presentation and prioritise based		clinical presentation
	on "cannot miss", most likely diagnosis		
	and severity	C-Commonweal	
		IM2.8.2	Present a differential
			diagnosis based on the
	·		clinical presentation
A CONTRACTOR OF MARKET STREET		IM2.8.3	Present a differential
	nearly.		diagnosis prioritised
		-	based on "cannot miss",
		LANCE TO 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 O	most likely diagnosis and
-		7 DOT SETTION TO STREET, SET SET SETTION TO SET SETTION TO SET SET SET SET SET SET SET SET SET SET	severity
IM2.9	Distinguish and differentiate between	IM2.9.1	Describe the clinical
	stable and unstable angina and AMI	-	features of stable and
286224234 <del>000</del> 2388348	based on the clinical presentation		unstable angina
	a page 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 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 an	IM2.9.2	Discuss the clinical
dermanado nacemán de deserviros deserviros		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	presentation of AMI
4	A Angelesia de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la Carta de la	IM2.9.3	Differentiate between
	an occasional	#: ***	stable and unstable
		6 6 8	angina and AMI based
		A BARRA GARA	on the clinical
1527 42		IM2.10.1	order an ECG in ACS
IM2.10	Order, perform and interpret an ECG	IIVIZ.10.2	Perform an ECG in ACS
		IM2.10.3	Interpret an ECG in ACS
IM2.11	Order and interpret a Chest X-ray and	IM2.11.1	Order a Chest X-ray for
· IIAIT·TT	markers of acute myocardial infarction	11/12.77.7	acute myocardial
	mainers of peace myocardia midienon		infarction
ana manana ka ka ka ka manana ma		3M2.11.2	interpret a Chest X-ray
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		IM2.11.4	Interpret markers of
4 4			acute myocardial
	4.		infarction
IM2.12	Choose and interpret a lipid profile and	IM2.12.1	Interpret a lipid profile in
	identify the desirable lipid profile in the	-	the clinical context
	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	3	\$

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IM2.17 Discuss and describe the indications and methods of cardiac rehabilitation  IM2.17.1 Discuss the indications and methods of cardiac rehabilitation  IM2.17.2 Describe various methods of cardiac rehabilitation  IM2.18 Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia  IM2.18.1 Classify the category dyslipidemia in a format  IM2.18.2 classify the drugs management of dyslipidemias giving suitable example each, including no drugs	oatient stions of tion ac ories of tabular used in
IM2.17 Discuss and describe the indications and methods of cardiac rehabilitation  IM2.17.2 Describe various methods of cardiac rehabilitation  IM2.18 Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia  IM2.18.1 Classify the category dyslipidemia in a format  IM2.18.2 classify the drugs management of dyslipidemias givisuitable example each, including no drugs	ations of tion ac ories of tabular used in
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IM2.19 Discuss and describe the pathogenesis, IM2.19.1 Describe the type	sand
recognition and management of etiopathogenesis	1
complications of acute coronary	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
syndromes including arrhythmias, shock,	
LV dysfunction, papillary muscle rupture	
and pericarditis	
IM2.19.2 Briefly describe the	10
clinical manifesta	3
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and chronic complications of MI  IM2.19.3 Discuss the mana of electrical complications(VT mechanical complications of MI	gement ,VF)and acute asses of gs used

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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
		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
		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
	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	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
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		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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			host
		IM 4.1.4	Discuss the effects of co- morbidities on febrile response
		IM 4.1.5	Discuss how presence of risk factors and co-morbidities can change the final outcome
IM4.2	Describe and discuss the influence of special populations on the febrile response including: the elderly, immune suppression, malignancy and neutropenia, HIV and travel	IM 4.2.1	Describe clinical presentation ,management and outcome of febrile response in elderly
marine sekana sekana sekana sekana sekana sekana sekana sekana sekana sekana sekana sekana sekana sekana sekan	Thedropenia, niv and traves	IM 4.2.2	Describe clinical presentation, management and outcome of febrile response in immuno-
ementen veng sahada adaman aray adaman da da da da da da da da da da da da da	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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	IM 4.2.3	Describe clinical presentation, management and outcome of febrile
	Annual and Add Marine and Add and Annual photosis of the Annual and annual and annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual annual	IM 4.2.4	response in malignancy Describe clinical presentation,
		TOTAL CONTRACTOR OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE 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	management and outcome of febrile response in febrile neutropenia
	And Mark And Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control o	IM 4.2.5	Describe clinical presentation, management and outcome of febrile
		IM 4.2.6	Describe clinical presentation, management and outcome of febrile response in case of
IM 4.3	Discuss and describe the common causes, pathophysiology and manifestations of fever in various regions in India including bacterial, parasitic and viral causes (e.g.	IM 4.3.1	history of travel Discuss various prevalent infections in different parts of India

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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	IM 4.6.1	Discuss the
	pathophysiology and manifestations of	1747	epidemiology of malaria
	malaria	7	
- :		IM 4.6.2	Discuss the life cycle of
		Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya 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 de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de 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	plasmodium
······		IM 4.6.3	Discuss the
		Buddeliner	pathophysiology of
	*	To all the second	malaria
		IM 4.6.4	Describe the clinical
			features of malaria
		IM 4.6.5	Discuss the
			investigations and
		sund make	treatment of malaria
	**************************************	IM 4.6.6	Discuss the preventing
			measures and
			government programme
		****	related to malaria
		eev Polasida	
1M4.7	Discuss and describe the	IM 4.7.1	Define sepsis syndrome
	pathophysiology and manifestations of	4	
	the sepsis syndrome		-
***************************************		IM 4.7.2	Describe the
		-	pathophysiology of
		10	sepsis
APPENDENT METERS AND METERS AND STREET		IM 4.7.3	Describe the etiology
			and risk factors
			associated with sepsis
	Automotive commence of the second of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the sec	IM 4.7.4	Describe the various
			clinical manifestations of
			sepsis
		IM 4.7 .5	Describe the
	. 61		investigations,
			treatment of sepsis
			syndrome
IVI 4.8	Discuss and describe the	IM 4.8.1	Become familiar with
	pathophysiology, aetiology and clinical		the definition of fever of
	manifestations of fever of unknown		known origin (FUO).
	origin (FUO) including in a normal host		seen engante way.
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	,	IM 4.9 .6	response Discuss a case based
ennet Met night formen te formen de litera en en	4		scenario for a patient of fever
IM 4.10	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and	IM 4.10.1	Perform examination of skin and mucosa and co- relation for making diagnosis
	spleen)		
		IM4.10.2	Perform lymph node examination and clinical significance
		IM 4.10.3	Perform chest examination ( inspection, palpation, 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 prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes	IM 4.11.1	Discuss relevant history suggestive of infective, inflammatory,
		IM 4.11.2	Discuss the relevant examination suggestive of infective, inflammatory, malignant and rheumatologic causes of fever
		IM 4.11.3	Discuss the differential diagnosis of fever based

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			diagnosis
······································		IM 4.12.7	Discuss the pleural and
			ascitic fluid analysis and
			their clinical significance
		· IM 4.12.8	Discuss the importance
	New Property Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the 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	of stool examination in
			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
			of obtaining sample
	·	IM 4.13.3	Discuss the storage and
·(••••••••••••••••••••••••••••••••••••			transportation of sample
	ex-non-ingraph	IM 4.13.4	Discuss the importance
	· ·	ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	of gross examination of
· · · · · · · · · · · · · · · · · · ·		IM 4.13.5	sputum Discuss the specific
,	· ·	1141 4.13.3	staining method of
			examination of sputum
	Transaction	COMPANY 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 STAT	samples
·		IM 4.13.6	Interpretation of findings
	A		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
and the commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonwealth commonweal			of obtaining sample
		IM 4.14.3	Discuss the storage and
			transportation of sample
		IM 4.14.4	Discuss the specific staining method of
Α.		***	examination of sputum
	Arkanner	CV many	samples
······································		IM 4,14.5	Interpretation of findings
	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		in relation to clinical
	·		scenario
IN 4.15	Perform and interpret a malarial smear	IM 4.15.1	Discuss the indications of
	No. 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 the con	Walter State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of 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	peripheral smear of
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		IM 4.15.2	Discuss the method of
***************************************			collecting sample
÷	SVAA-Annana	IM 4.15.3	Discuss the storage and
····		44.4.4.4.4	transportation of sample
		IM 4.15.4	Discuss the specific
	·		staining method of
Annuary was an annuary was to well		BET CHESSNACHMENT NEEDS AND SHOW THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE 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	

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		IM 4.17.5	Describe the various methods of staining of
•			Bone marrow
M 4.18	Enumerate the indications for use of	IM 4.18.1	Enumerate the
	imaging in the diagnosis of febrile		indications of Chest X ray
	syndromes		in febrile syndrome
	or Transmission of Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie and Marie a	IM 4.18.2	Enumerate the
	*		indications of CT and
			MRI body in febrile
			syndrome
independent og former och som fillet fill fillet former		IM 4.18.3	Describe the various
			findings in Chest x ray
14			and their interpretation
		~	in febrile syndrome
	A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF 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	IM 4.18.4	Describe the various
•	· ·		findings in CT and MRI
	- salesarra		and their interpretation
-	117		in febrile syndrome
M 4.19	Assist in the collection of blood and	IM 4.19.1	Enumerate Indications
, , , , , , , , , , , , , , , , , , ,	wound cultures		of blood and wound
	ू के के प्राप्त कर देश के देश कर के के किया है। किया कर के किया है। किया कर के किया कर के किया कर के किया कर क के किया कर कर के किया कर के किया कर के किया कर किया कर किया कर किया कर किया कर किया कर किया कर किया कर किया कर		cultures
Ehrendalatura albumAn sasiv e din		IM 4.19.2	Discuss aseptic
ii.		***************************************	conditions for sample
			collection
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		1141 41.4.5.5	to collect blood and
			wound cultures
		IM 4.19.4	Discuss the storage and
		1111 7.25,4	transportation of sample
M 4.20	Interpret a PPD (Mantoux)	IM 4.20.1	Discuss Indications of
381 4450	micerbies a L. P. fisserroay	1141 412.0.2	PPD
		IM 4,20,2	Discuss the procedure of
		1141 415015	performing PPD test
ALC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		IM 4.20.3	Discuss the observation
		1141 7,20.0	of PPD test
TALL AND AND AND AND AND AND AND AND AND AND		IM 4.20.4	Discuss the clinical
		1171 17.20.4	significance of PPD test
			including in special
			1
INN A WAT		10 A A A 4	population like in HIV Prepare a clinical case
IM 4.21	Develop and present an appropriate	IM 4.21.1	scenario based on
	diagnostic plan based on the clinical	B 100 PC 200	
	presentation, most likely diagnosis in a	2000mg#	history and examination
eccesario production de la constantina de la constantina de la constantina de la constantina de la constantina	prioritised and cost effective manner	11000000	Diaman diaman
		IM 4.21.2	Discuss the non-invasive
		1	and invasive
		***************************************	investigations to reach
	•	1	the diagnosis

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			compromised host
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			treatment plan in
			immuno-competent host
			and immuno-
		<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
		0000	patient and family
			about the severity of the
		IM 4.25.3	disease Communicate to the
		11VI 4.20.5	family regarding relevant
			investigations and
		•	treatment plan
Marie de Santa Marie de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caracter de Caract		IM 4.25.4	Communicate about
		P111 *F14 *******************************	prognosis of the disease
IM 4.26	Counsel the patient on malarial	IM 4.26.1	Counsel the patient
1141 10000	prevention		about importance of
			malarial prevention
	A CONTRACTOR FOR THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	IM 4.26.2	Counsel the patient
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			pharmacological
			treatment for prevention
		<u></u>	of malaria
		IM 4.26.3	Counsel the patient
	French	-	about non -
			pharmacological
			measures for prevention
**************************************		1.4 4 4 46 4	of malaria
:		IM 4.26.4	Discuss the government plans for the prevention
	Approximation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	-	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 fiver disease
•		IM5.3,2	Discuss the clinical
			implications of pathologic changes in
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		various forms of liver
			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)
		IM5.4.2	Describe and Discuss the
			epidemiology,
			microbiology,
			immunology, and clinical
			evolution of infective
		43.455.55.4	(viral) hepatitis (Chronic)
IM5.5	Describe and discuss the pathophysiology and clinical evolution	IM5.5.1	Describe and Discuss the
	of alcoholic liver disease		pathophysiology of alcoholic liver disease
	of divolicit lists distance	IM5.5.2	Discuss the clinical
٠.		:.	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		evolution and
	hypertension including ascites,	• • • • • • • • • • • • • • • • • • • •	complications of
	spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic	•	cirrhosis and portal hypertension including
	encephalopathy		ascites, spontaneous
r i		: .	bacterial peritonitis,
	Parameter 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 Contr		hepatorenal syndrome
			and hepatic
		\ \	encephalopathy
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0000	a Maria	IM5.6.2	2.Discuss the
L.	a Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Managara da Mana	IM5.6.2	pathophysiology, clinical
WE CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF		IM5.6.2	pathophysiology, clinical evolution and
		IM5.6.2	pathophysiology, clinical evolution and complications of
		IM5.6.2	pathophysiology, clinical evolution and complications of cirrhosis and portal
		IM5.6.2	pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including
	The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the 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	IM5.6.2	pathophysiology, clinical evolution and complications of cirrhosis and portal

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			presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history
			Negeritärien verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften verschaften versc
IM5.10	Perform a systematic examination that	IM5.10.1	Perform a systematic
	establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and hepatic encephalopathy		examination that establishes the diagnosis that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and
		IM5.10.2	hepatic encephalopathy  2.Perform a systematic examination that establishes the severity including nutritional status, mental status, jaundice, abdominal distension ascites, features of portosystemic hypertension and
IM5.11	Generate a differential diagnosis and prioritize based on clinical features that suggest a specific aetiology for the presenting symptom	IM5.11.1	hepatic encephalopathy Generate a differential diagnosis based on clinical features that suggest a specific aetiology for the presenting symptom

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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.
IMS.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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			counts
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
gagaja puda garrinas ojenininga nemenera		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
M. Airean		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
agagaint cagainn ann an mainteagain ann a		IM6.4.7	Describe the common clinical presentations of the Opportunistic infections
<u>Anguer Maria de I</u> -Musique y 200m de la Alba-Agrenador.		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
	a can an a canada and a manada and a place of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	IM6.5.4	Describe the common ADM and NADM seen in India and

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			National Programme
	,	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
			with reference to laboratory
			assessment
		IM6.9.6	Choose and Interpret
			diagnostic tests in the
			context of assessment of a
		***************************************	patient with HIV
IM5.10	Choose and interpret appropriate	IM6.10.1	Discuss the laboratory
	diagnostic tests to diagnose Opportunistic		investigations of
	infections including CBC, sputum		Opportunistic infections
	examination and cultures, blood cultures,		8.
	stool analysis, CSF analysis and Chest		
·	radiographs		
		IM6.10.2	Interpret and identify
			abnormalities in laboratory
	·		investigations like- sputum
			AFB, CSF India Ink, Stool
,			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,
			Abdomen, others), MRI in
		-	HIV Infection
		IM6.11.2	Describe the findings in
			common Chest radiographs
Marie State Address of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control 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			and CT and MRI
IM6.12	Enumerate the indications for and	IM6.12.1	Enumerate the indications
	interpret the results of: pulse oximetry,		of pulse oximetry in
***************************************	ABG, Chest Radiograph		patients with HIV infection
		IM6.12.2	interpret the findings of
			pulse oximetry
		IM6.12.3	Enumerate the indications

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			action and their
1			pharmacokinetics
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			adverse effects of different
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***************************************			drugs
		IM6.16.5	Describe the common drug-
			drug interactions of
		Section 1	different classes of
<del></del>		er einer Schaer zum der Anten der das der Enten au neben gewegen gegen gegen gestellt der Freis der Freis der	antiretroviral drugs
		IM6.16.6	Discuss the principles of
			Antiretroviral treatment
		IM6.16.7	Discuss the eligibility of
	*	To the second	patients for ART initiation
		*	and the concept of universal
ping an once concession and an once on one	<u> </u>	1	ART
	THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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	IM6.16.8	Outline the clinical
			assessment and
			preparedness for ART
	20 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 100 W 1		initiation in patients with
	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		HIV infection
:	· ·	IM6.16.9	Discuss the recommended
	, included the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	first line Antiretroviral
		g	treatment for HIV in the
***************************************			National Programme
	or comment	IM6.16.10	Discuss ART adherence and
	· ·	10 CO CO CO CO CO CO CO CO CO CO CO CO CO	describe the facilitators and
***************************************		1005 45 44	barriers for adherence
		IM6.16.11	Outline the principles and
÷.	\$0000000000000000000000000000000000000		diagnosis of antiretroviral treatment failure
		IM6.16.12	Describe the second line
	PRANSIZI ***	IIAIO'TO'TT	ART, third line ART regimen
· · · · · · · · · · · · · · · · · · ·		IM6.16.13	Discuss the clinical,
		IIVIO.10.13	laboratory, immunological
			and virological monitoring
	occution 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		of patients on ART
IM6.17	Discuss and describe the principles and	IM6,17.1	Define post exposure
1371W+& <i>1</i>	regimens used in post exposure	**************************************	prophylaxis and discuss its
:	prophylaxis		principles
one which is a second second	Par. Abst & Spare	IM6.17.2	Discuss the methods of HIV
	recom comp		transmissions and their
			associated risk
	**************************************	IM6.17.3	Discuss the possible
	<b>4</b>	*****	
:			methods of occupational
ii.	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		methods of occupational exposure to HIV and their

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			HIV transmission through
			role play / simulated patient
IM6.20	Communicate diagnosis, treatment plan	IM6.20.1	Communicate a HIV positive
	and subsequent follow up plan to		result to a client and
	patients		perform post-test
			counselling through role
			play / simulated patient
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		<u> </u>	role play / simulated patient
		IM6.20.3	Communicate and discuss
	**************************************		with the patient the follow
:	PROGRAMME		up and monitoring plan
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			role play
IM6.21	Communicate with patients on the	IM6.21.1	Communicate with a patient
· · · · · · · · · · · · · · · · · · ·	Importance of medication adherence	- Company	on the importance of ART
	Makeney or ye	grant of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same	adherence through role play
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	·	IM6.21.2	Assess ART adherence in a
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		IM6.21.3	Identify and address the
,			facilitators and barriers of
٠.			adherence to ART in a
:			patient through role play/
IM6.22	Demonstrate understanding of ethical	IM5.22.1	simulated patient Discuss the concept of
iiain.ee	and legal issues regarding patient	IIIND'TY'T	patient confidentiality and
	confidentiality and disclosure in patients		disclosure in HIV
	with HIV		disclosore II) riiv
	TO 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 PROPER	IM6.22.2	Discuss the ethical issues
		314420- mm	associated with HIV
			Infection
<del>-</del>		IM6.22.3	Discuss the legal issues
		13 A3 #1 = 50 W1 * ***	associated with HIV
·			infection
		IM6.22.4	Discuss the components of
		\$1,43 \$44 \$66 \$6.00*	the HIV/ AIDS (Prevention
		200	and Control) Act 2017,
. • .			Govt. of India
M6.23	Demonstrate a non-judgemental attitude	IM6.23.1	Discuss the role of society
	to patients with HIV and to their lifestyles		and Community in HIV
- ·			infection
	\$\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\tag{2}\	IM6.23.2	Demonstrate a non-
			judgemental attitude to
			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
		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
		IM7.10.2	Discuss complications of Rheumatoid Arthritis
<del>nde Address</del> (and Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitution of Constitutio of Constitution of Constitution of Constitution of Constitution		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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		Contract All the Annabean equation of the second	the indications and
			interpretation of RA
	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	IM 7.15.4	Student should be able to enumerate and discuss
			the indications and
		IM 7,15.5	interpretation of ANA Student should be able to
			enumerate and discuss
	manufacture 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 sec		the indications and interpretation of DNA
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	10 T T T T T T T T T T T T T T T T T T T		enumerate and discuss the indications and
	Operation in a page		interpretation of other
	- Carrier Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	arracommunity.	tests of autoimmunity
IM 7.16	Enumerate the indications for	IM 7.16.1	Student should be able to
HAL S.TO	arthrocentesis	11/1 / 170'7	enumerate and discuss
		36 (1000)	the indications arthrocentesis
IM 7.17	Enumerate the Indications and Interpret	IM 7.17.1	Student should be able to
	plain radiographs of joints		enumerate and discuss the indications of plain
NEW MARKET STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE 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			radiographs of joints
		IM 7.17.2	Student should be able to discuss the interpretation
	28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg 28 mg		of plain radiographs of Ioints
IM 7.18	Communicate diagnosis, treatment plan	IM 7.18.1	Student should be able to
	and subsequent follow up plan to patients		communicate the diagnosis to patients of
			rheumatologic disease
:		IM 7.18.2	Student should be able to communicate the
"			treatment plan to patients
-kaireamennes 3000 au		IM 7.18.3	of rheumatologic disease Student should be able to
. E	`		communicate the subsequent follow up plan
		-	to patients of
IM 7.19	Develop an appropriate treatment plan	IM 7.19.1	rheumatologic disease Student should be able to
**** * ******	for patients with rheumatologic diseases	7971 Fada 474d	discuss and develop an
		· · · · · · · · · · · · · · · · · · ·	appropriate treatment plan for patients with
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		IM 7.23.2	Student should be able to describe the basis for disease modifying therapy in rheumatologic diseases
IM 7.24	Communicate and incorporate patient preferences in the choice of therapy	IM 7.24.1	Student should be able to communicate patient preferences in the choice of therapy
		7.24.2	Student should be able to incorporate patient preferences in the choice of therapy
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
		IM 7.25.2	Student should be able to communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions
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.
S.		IM 7.26.2	Student should be able to demonstrate an understanding of the impact of rheumatologic conditions on well-being.
		IM 7.26.3	Student should be able to demonstrate an understanding of the impact of rheumatologic conditions on work and family
IM 7.27	Determine the need for specialist consultation	IM 7.27.1	Student should be able to determine the need for specialist consultation

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	hypertension	IM8.5	Describe and discuss the various secondary causes
444			of hypertension including less common or
99 za dokulu kalentaria za zazaza kalentaria za zazaza kalentaria za zazaza kalentaria za zazaza kalentaria za			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
		7 ¹ / ₁	and emergency and 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.
1M8.8	Describe, discuss, and identify target organ damage due to hypertension	IM8.8.1	Identify the target organ damage due to hypertension.
	•	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	IM8.9.1	Elicit, document, and present a medical history including duration, levels, symptoms, comorbidities, lifestyle, risk factors, family history,
	therapy		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.
<i>.</i>		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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			reticulocyte count.
		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.
E.eMI	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
		IM9.4.2	Perform Systemic examination including splenic examination and related systemic examination
M9.5	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
		IM9.5.2	2.Suggest most likely

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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
IM9.15	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.
	Market and 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 sec	IM9.17.2	Describe various blood components.
	COLUMN TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF 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	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
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		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.
		IM10.7.2	Describe clinical manifestation of uremia
# # # #		IM10.7.3	Discuss blochemical 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.
44000		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 comorbidities and predisposing conditions.
		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
то в Транска в не учет реголизация постановления постановления постановления постановления постановления поста		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	IM10.17.1	Discuss the significance of
	function based on available laboratories		renal indices
	including FeNa (Fractional Excretion of		measurement in kidney
	Sodium) and CrCl (Creatinine Clearance)		disease.
		IM10.17.2	
			of fractional excretion of
		Ì	Na and creatinine
			clearance.
en den interessionen en en estado.			
IW10.18	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	IM10.19.1	Enumerate Indication of
5141 m 4.7 x 24 m	the findings in renal ultrasound	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	renal ultrasound.
		IM10.19.2	Discuss the feature of
			ultrasound suggestive of
			Acute kidney disease.
		IM10.19.3	Discuss features of
			ultrasound suggestive of
			chronic Kidney disease.
,			
IM10.20	Describe and discuss the indications to	IM10.20.1	Discuss the basic concept
2	perform arterial blood gas analysis:		of arterial blood gas
	interpret the data		analysis and acid base
			disorder.
		IM10.20.2	Discuss the Indication of
			ABG analysis.
		IM10,20,3	Interpret the data of ABG
		IIVITU.ZU.5	analysis.
		13 44 7 74 4	
IM10.21	Describe and discuss the indications for	IM10.21.1	Describe an intravenous catheter in terms of size,
	and insert a peripheral intravenous		flow rate, colour coding.
*	cameter		now rate, colour coung.
		IM10.21.2	Discuss the indication of
		and described the designing of the	putting an intravenous
			catheter.
		IM10.21.3	Perform intravenous
			catheterization under
			aseptic conditions.
IM10.22	Describe and discuss the indications,	IM10.22.1	Discuss the indication of
	demonstrate in a model, and assist in the		central venous or dialysis

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			complications of CKD
IM 10.27	Describe and discuss the indications for renal dialysis	IM10.27.1	Enumerate indications of renal dialysis
IM 10.28	Describe and discuss the indications for renal replacement therapy	IM10.28,1	Discuss indications for renal replacement therapy
		IM10.28.2	Describe process and advantages of renal replacement therapy
IM 10.29	Describe discuss and communicate the ethical and legal issues involved in renal replacement therapy	IM10.29.1	Discuss ethical and legal issues in renal 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 quality of life well-being work and family	IM10.30.1	Recognize the impact of CKD on quality of life of a patient of CKD
		IM10.30.2	Recognize the impact of CKD on quality of life of a primary caregiver of patient of CKD
		IM10.30,3	Impact of CKD on work and family of patient
IM 10.31	Incorporate patient preferences into the care of CKD	IM10.31.1	Discuss role of incorporating patient preferences in care of CKD

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.a. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		IM 11.3.4	Describe the economic impact of type 2 diabetes
		IM 11.3.5	Describe the clinical evolution of diabetes highlighting the
		WATER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTR	prediabetic stage and importance of insulin resistance
	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 OF	IM 11.3.6	Discuss the clinical features of type 2 diabetes
IM 11.4	Describe and discuss the genetic	IM 11.4.1	Discuss the influence of genetics on diabetes
	background and the influence of the environment on diabetes	DAIL DAIL COMMENTER	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
	CALLED CO. C. C. C. C. C. C. C. C. C. C. C. C. C.	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
		IM 11.5.4	Correlate the evolution of microvascular complications namely retinopathy, nephropathy and neuropathy
		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
gent 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		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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1	IM 11.8.2	Perform a systematic
		examination that establishes
		the diagnosis and severity that
		includes detailed examination
		of the foot (pulses, nervous and
		deformities and injuries)
	13/2/11/23	Perform a systematic
	1101 11.0.0	examination that establishes
		the diagnosis and severity that
		includes skin, peripheral pulses,
, 1		blood pressure measurement
		and BMI.
	18/118/	Perform a systematic
	1141 22.0.4	examination that establishes
	No.	the diagnosis and severity that
		includes fundus examination
	IM 11 8 5	Perform a systematic
•		examination that establishes
	And No.	the diagnosis and severity that
		includes detailed examination
	er sannapan, die	of the foot (pulses, nervous and
		deformities and injuries)
Describe and recognise the clinical	INV 11 O 1	Enumerate common diabetic
	1111 44.014	emergencies
		· · · · · · · · · · · · · · · · · · ·
	IM 11.9.2	Describe and discuss how to
	all sections and a 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 se	recognize patients presenting
•		with of Diabetic ketoacidosis
•	- Andrews	based on clinical features
	IM 11.9.3	Describe and discuss how to
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	No.	with of Hyperglycaemic
•	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	hyperosmolar non-ketotic
	-	coma (HONK) based on clinical
a.		features
	IM 11.9.4	Describe and discuss how to
	AND ROOM	recognize patients presenting
	A. D. WOOD	with of Hypoglycemia based on
<u></u>		clinical features
Generate a differential diagnosis and	IM11.10.	Discuss and interpret the
prioritise based on clinical features that	1	differential diagnosis on the
suggest a specific aethology of diabetic		basis of clinical features of a
emergency		diabetic emergency
	IM11.10.	Interpret and suggest probable
	3	
	2	diagnosis and eticlogy of
	2	diagnosis and etiology of diabetic emergency
-	prioritise based on clinical features that suggest a specific aetiology of diabetic	features of patients who present with a diabetic emergency  IM 11.9.2  IM 11.9.3  IM 11.9.4  Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology of diabetic

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	1	IM11.15.4	Describe presentation of HONK
		117177773.4	including history and clinical
:			features
KANNA CHUKUKAKAKKAKAKAN		IM11.15.5	Discuss the principles of
		IIAITT'TO'O	management of HONK
*****		IM11,16.1	Discuss principal modes and
IM 11.16	Discuss and describe the pharmacologic	IIAITT'TO'T	sites of action of
	therapies for diabetes their indications,		pharmacological treatments for
	contraindications, adverse reactions and		type 2 diabetes.
·····	interactions	IM11.16.2	Discuss mechanism of action
		I HAITTIN'S	and Indications for use -
		- and controlled	Biguanides, sulfonylureas,
÷			thiozolidenediones
	2	IM11.16.3	Discuss mechanism of action
•		MAITT'TO'S	and Indications for use -
	Tagazono e de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa de la casa		Incretin-based therapies
COLUMN CONTRACTOR VENEZA		IM11.16.4	Discuss alpha-glucosidase
		HAITTID'A	inhibitors, SGLT2 Inhibitors
		IM11.16.5	Describe and discuss
	-	INTTITUTE OF	indiactions & contraindications
		C. Carlon	of various therapies of diabetes
		**************************************	as per patient characteristics
			and co-morbidities
		IM11.16.6	Discuss common adverse
		114177-70-0	reactions and interactions
		Maria Wal	among various therapies for
		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	diabetes
IW 11.17	Outline a therapeutic approach to	IM11.17.1	Outline therapeutic goals and
1141 77.27	therapy of T2Diabetes based on	HANTELLE	self-assessment of glycaemic
	presentation, severity and complications	9	control
i.	in a cost effective manner		
**************************************	BILE FROM DISCOURSE 1995: 1995:	iM11.17.2	Discuss diabetic diet and
•		11713.2332.112	Lifestyle - Composition of the
·.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		diet, weight management,
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		IM11.17.3	Discuss insulin therapy -
		4 ± 4 ± 400 400 ± 900 € 9 mg	Manufacture and formulation,
	1	***************************************	Insulin dosing regimens
THE RESIDENCE OF 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, STREE		IM11 17 4	Discuss special situations in
		\$1 ************************************	diabetes - Surgery and diabetes
			/ Pregnancy / Children and
			young adults / Ramadan
IW 11.18	Describe and discuss the pharmacology,	M11.18.1	Describe and discuss
MINI ALLA	indications, adverse		pathophysiology and
	reactions and interactions of drugs used		prevention of diabetes
·	in the prevention and		complications
	treatment of target organ damage and	1	
	the market source were non- there are the party 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	1	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

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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
IW11.23	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis	IM11.23.1	Discuss diabetic Ketoacidosis - Pathogenesis
	· ·	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
		IM11.24.2 IM11.24.3	Discuss HONK - Clinical features Discuss HONK - Investigations and management

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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
Book familian to transmit in a familia (familia familia  от до достигно на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при на при	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)
anamana katili jaja esa dikanan	ika kijala naga a za oz azamonezoneg ozgani (MA)	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. Presen

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		IM12.9.2	Interpret the findings of CBC & thyrold function tests for establishing the diagnosis
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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	IM12.9.3	Interpret the findings of ECG for establishing the diagnosis
And Annual States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control States of Control S		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
		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
	MANAGER 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 CONT		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 iodine 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.
		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
		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
elle Americani este este este este este este este est		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
		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
IW13.14	Describe the Indications for surgery, radiation and chemotherapy for common malignancies	IM13.14.1	Discuss Indication of chemotherapy in management of cancers.
eneganised and energy and energy and energy and energy and energy and energy and energy and energy and energy		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
200 <del>0000000000000000000000000</del>		IM13.15.2	Discuss When and whom to screen for malignancy.

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## 14 Obesity

	COMPETENCY The student should be able to		SLOs
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,

and the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of th

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		IM14.7.2	Document a physical
-			examination based on the
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***************************************	·		general examination,
www			measurement of
			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
\$344 0 A+M	on the presenting symptoms and clinical		diagnosis based on the
	features and prioritize based on the		presenting symptoms and
	most likely diagnosis		clinical features.
****	xxxvv axxvx, wengervoor	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
C.F.E TATE	based on the clinical diagnosis including	*****	diagnostic tests based on
<b>S</b>	blood glucose, lipids, thyroid function		the clinical diagnosis
	tests etc.		including blood glucose,
4	##13 # 2 # # # # # # # # # # # # # # # # #		lipids, thyroid function
-			tests etc.
Miles and a second		IM14.9	Interpret diagnostic tests
-		********	based on the clinical
· Andrews			diagnosis including
-			blood glucose, lipids,
	,		thyroid function tests etc.
-			ordions entresent mais min
IM14.10	Describe the indications and interpret	IMIA IN I	Describe the indications
MI.W. LYK	the results of tests for secondary causes	2512 C 1 4 E V + A	for secondary causes of
	of obesity		obesity
	or ordery	IM14.10.2	Interpret the results of
		arvar v. a V. &	tests for secondary
re-projection of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of 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		Two states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states	causes of obesity
IM14.11	Communicate and counsel patient on	IM14.11.1	Counsel patient on
# # # # # # # # # # # # # # # # # # #		4 1 7 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	behavioral, dietary and
			lifestyle modifications.
	modifications	184141117	Communicate patient on
•	1 ** Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   Company   C	IM14.11.2	
· ·		Notation 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 th	behavioral, dietary and
			lifestyle modifications
	3	1	1
IM14.12	Demonstrate an understanding of	IM14.12.1	Demonstrate au

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### 15 GI Bleeding

. '	COMPETENCY The student should be able to		SLOs
15.1	Enumerate, describe and discuss the aetiology 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	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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	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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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
	likely diagnosis		important physical
*	STEEDER DECEMBER OF MEN	N. W. Carlotter	examination of a patient
			presenting with upper &
			lower GI bleeding.
		15.8.2	Arrange the list of
	,	13.0.2	differential diagnosis
			according to clinical
			features & examination.
		15.9.1	Discuss the
15.9	Choose and interpret diagnostic tests	13.9.1	} ***
1	based on the clinical diagnosis including	22 35 35 35 35 35 35 35 35 35 35 35 35 35	interpretation &
	complete blood count, PT and PTT, stool	NEW COMMISSION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	relevance of CBC,
	examination, occult blood, liver function		coagulation profile, LFT
	tests, and H.pylori test.		and stool testing in case
			of upper GI bleeding.
	100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 may 100 ma	15.9.2	Describe the various
	10000		tests for invasive & non-
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		invasive testing of
			prevalence of H.pylori &
	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		also eradication of H.
			Pylori
15.10	Enumerate the Indications for	15.10.1	Enumerate the
	endoscopy, colonoscopy and other	over account	indications for
1.5	Imaging procedures in the investigation	·	endoscopy, and common
	of Upper GI bleeding		findings in case of upper
			GI bleeding
		15.10.2	Discuss the findings on
	NET	Plending.	colonoscopy and capsule
	Marie 1997 1997 1997 1997 1997 1997 1997 199	T.	endoscopy in case of GI
	399 PER PER PER PER PER PER PER PER PER PER	4	bleeding
15.11	Develop, document and present a	15.11.1	Discuss the treatment
777	treatment plan that includes fluid		plan for fluid
	resuscitation, blood and blood	-	resuscitation & blood
	component transfusion, and specific	quick a desault	component resuscitation
	therapy for arresting blood loss	A LANGAGE	in a patient having mild,
			moderate & massive GI
	E 81-1-1999	Maria v	bleeding (upper &
			lower)as a flowchart
economica de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante del la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la fermante de la ferm	4 CALL AND AND AND AND AND AND AND AND AND AND	15.11.2	Describe the specific
			therapeutic options in
			blood component
·		- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the 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	therapy for upper &
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15.12	Enumerate the Indications for whole	13.12.1	whole blood, packed
į.	blood, component and platelet	ž.	Minic Mond' herven

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	interventions and Surgery		indications for endoscopic interventions.
		15.16.2	Discuss the various endoscopic therapeutic options for treatment of moderate to massive upper GI bleeding & moderate to massive fower GI bleeding.
CONT. TO CONT. THE CONT. CONT.		15.16.3	Describe the various surgical procedures involved in massive upper GI bleeding & lower GI bleeding.
15.17	Determine appropriate level of specialist consultation	15.17.1	Discuss the various therapeutic strategies used in GI bleeding (medical/gastroenterolo gical/surgical)
·		15.17.2	Describe the role of therapeutic endoscopy,colonoscopy,i nterventional radiology and GI surgery in uncontrollable GI bleeding
15.18	Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options	ranceccommunical historican control to the design of the second	Counsel on the various diagnostic and 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
		IM 16.5.2	Demonstrate and interpret degree of dehydration
oostooning Age of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of		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
		IM 16.7.3	Interpret the most likely diagnosis
IVI 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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			of diarrhoea
		IM 16.13.3	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
M kommuney van marry kalimanya ya 12 kwa 1 wa 12 kwa 1		IM 16.14.2	Describe the pharmacotherapy for common bacterial and viral of diarrhoea
		IM 16.14.3	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
	Makanara is investo nota in the is that is placed and best the parties 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	IM 16.16.3	Describe the pharmacology and side effects of the

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	COMPETENCY		arna
***************************************	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
		50000000000000000000000000000000000000	of headaches correctly.
			At the end of the
	Vigal Property Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control	17.1.2	session, the phase II
	*		student must be able to
•	over-upone		differentiate between
	000 miles	ASSESSMENT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF	primary and secondary
		il 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 secon	headaches correctly.
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		* *****X**	session, the phase II
	Tennan age		student must be able to
	Yeggerage		describe the clinical
	entropos de		features of various types
	· · · · · · · · · · · · · · · · · · ·		of headaches correctly.
	oppea an n	17.1.4	At the end of the
		17,1.4	session, the phase II
	re-name		student must be able to
•			discuss the clinical
÷·			
			features of migraine, tension and cluster
			}
			headache correctly.
;	-8	17.1.5	At the end of the
)			session, the phase II
	galling.	90 vol 64. 6	student must be able to
	er Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Caracana de la Car		list the clinical features
		25.	of raised intracranial
		ļ.	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
	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
	riginary design		of headache presenting
· · · · · · · · · · · · · · · · · · ·	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		in the OPD accurately
		17.2.2	At the end of the
	s riprii	a same	session, the phase II
	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	and an artist of the second	student must be able to
•	***	diam'r, renta	record the
	· ·		salient/cardinal features
	www.		history of a patient of
	Sandana Araba		headache accurately to
owners the feature of species (		1	

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<u></u>			I
		İ	neurologic examination
l			accurately and
			completely
		17.4.2	At the end of the
			session, the phase II
			student must be able to
			perform and
			demonstrate a focused
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		7	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
			lumbar puncture
		17.7.2	At the end of the
			session, the phase III
			student must be able to
			correctly list the contra-
;			indications for doing a
		· January	lumbar puncture
	14	17.7.3	At the end of the
			session, the phase III
			student must be able to
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			session, the phase III
		200	student must be able to
			correctly describe the
	· ·		normal CSF parameters
		*: 1	and abnormal findings in
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			meningitis (bacterial,
			viral, tubercular)
IM 17.8	Demonstrate in a mannequin or	17.8.1	At the end of the session
	equivalent the correct technique for		a phase IV student must
٠.	performing a lumbar puncture		be able to counsel the
		000000000	patient and attendants
		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	about lumbar puncture
			procedure and obtain
			their written consent
	3		correctly
		17.8.2	At the end of the session

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	1	4		the phase IV student
	1	ğ.	·	must be able to correctly
				enumerate the steps of
	·			doing a lumbar puncture,
				including preparation,
		· .		
		N. C.		instruments, the
		j .		procedure itself and
				post-procedure care
	1 1 1		17.8.3	At the end of the session
				the phase IV student
		( ''		
		ř.		must be able to
	Ì			enumerate and
	5.			accurately identify the
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		17.12.2	At the end of the
	·		session, a phase IV
	·		student must be able to
			correctly list the drugs.
			their routes of
			administration, duration
			and doses when used for
			prophylactic therapy in
			migraine
		17.12.3	At the end of the
	,		session, a phase IV
			student must be able to
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	**		effects of prophylactic
			therapy
		17.12.5	At the end of the
	,		session, a phase IV
	X		student must be able to
· ·			counsel the patient
200			about maintaining a
	32.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		headache diary
		17.13.1	At the end of the
IW17.13	Describe the pharmacology, dose,	1/.13.1	
	adverse reactions and regimens of drugs		session, a phase III
	used in the treatment of bacterial,		student must be able to
	tubercular and viral meningitis		correctly list the drugs,
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			treatment of bacterial,
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					testing, side-effects and
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400	) (1) F			17.13.7	At the end of the
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1			Kamingo		student must be able to
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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
		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
A COLUMN 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 TH		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

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COMPETENCY	***************************************	SLOs	
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	The student should be able to		
M18.1	Describe the functional and the vascular anatomy of the brain	IM18.1.1	Describe the functional anatomy of the brain
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	IM18.1.2	Describe the vascular anatomy of the brain
W18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing	IM18.2.1	Classify cerebrovascular accidents
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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	genetic and risk factors pathogenesis of hemorrhagic and non-hemorrhagic stroke	IM18,2,2	Describe the aetiology, of hemorrhagic and non hemorrhagic stroke
entende de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la company		IM18.2.3	Describe the predisposing factors of hemorrhagic and non hemorrhagic stroke
200		IM18.2.4	Describe the risk factors of hemorrhagic and non hemorrhagic stroke
PRESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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		IM18.2.5	Describe the pathogenesis of hemorrhagic and non hemorrhagic stroke
118.3	Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident	IM18.3.1	Elicit an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident
		IM18.3.2	Document an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the
	READER And Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	Common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the common to the co	cerebrovascular accident Present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated

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			symptoms that help identify the cause of the cerebrovascular accident
IM18.4	Identify the nature of the cerebrovascular accident based on the temporal evolution and resolution of the illness	IM18.4.1	Identify the nature of the cerebrovascular accident based on the temporal evolution
-		IM18.4.2	Identify the nature of the cerebrovascular accident based on the resolution of the illness
IM18.5	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history	IM18.5.1	Perform, physical examination that includes general and a detailed neurologic examination as appropriate, based on the history
		IM18.5.2	Demonstrate physical examination that includes general and a detailed neurologic examination as appropriate, based on
		IM18.5.3	the history  Document physical
			examination that includes general and a detailed neurologic examination as appropriate, based on the history
IM18.6	Distinguish the lesion based on upper vs lower motor neuron, side, site and most probable nature of the lesion	IM18.6.1	Distinguish the lesion based on upper vs lower motor neuron.
		IM18.6.2	Distinguish the lesion- based on side of involvement and possible site
		IM18.6.3	Distinguish the lesion based on site of the lesion
ndear Nymes y North Conference		IM18.6.4	Distinguish the lesion most probable nature of

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district response			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
M18.10	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)
densy college from which you want to the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of the college of		IM18.10.2	Interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
M18.11	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
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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- nemorrhagic 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
Andrean 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 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		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
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		IM18.17.2	Counsel the family about the diagnosis and therapy in an empathetic manner

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#### 19 Movement Disorders

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	Competency The student si	rould be able to		***************************************	SLOs	
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IM19.1	Describe the functional anatomy of the locomotor system of the brain	IM19.1.1	Describe the anatomical 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
	exactinating and teneving factors	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 fesion based on the clinical	IM19.6.1	Make a neuroanalomical diagnosis of a movement disorder
NAV (military various managements)	presentation and findings	IM19.6.2	Make a palhological diagnosis of a movement disorder
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IM19.7	Choose and interpret diagnostic and imaging tests in the diagnosts of movement disorders	IM19.7.1	Interpret radiological imaging tests done in movement disorders
		IM19.7.2	Interpret electrophysiological tests

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			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
TE CHARLES was fame wern y veg t		IM19.8.2	Describe the Typical dosing of drugs used in Parkinson's disease
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<b>1M19.9</b>	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
		IM19.9.2	Enumerate the Indications of botulinum toxin in the treatment of movement disorders

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-	COMPETENCY The student should be able to		SLOs
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
	And the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of the continues of th	IM20.3.2	Describe the early clues of severe envenoming in a case of snake bite
	Baselin (Constant) and 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 con	IM20.3.3	Discuss treatment of Hypotension, AKI and shock in a case of snake bite
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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	IM20.3.34	Olscuss treatment of neurotoxic envenomation in a case of snake bite
	Address of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the 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	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
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		110120,5.4	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
		IM20.6.2	Describe role of dipstick test and urine for microscopy in patient that comes with snake bite
		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
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		IM20.7.6	Discuss treatment of Late(Serum sickness type) reactions
IM20.8	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
		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 Consti	
IM20.9	Describe the diagnosis initial approach stabilisation and therapy of bee sting allergy	IM20,9.1	Enumerate normal and allergic reactions of Bee Stings
		IM20.9.2	Explain First aid, Treatment of local

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		for Bee stings
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21 Poisoning

COMPETENCY SLOS

	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 steps of resuscitation in a patient of poisoning
S. T. S. S. S. S. S. S. S. S. S. S. S. S. S.		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
25 - 64 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 April 20 Apri		IM21.1.4	Describe the various methods of decontamination and elimination of polson
		IM21.1.5	Enumerate the antidotes available based on type of poisoning
M21.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis	IM21.2.1	Enumerate the common plant poisons seen in their area
MERICANICATION AND AND AND AND AND AND AND AND AND AN	and specific approach to detaxification	IM21.2.2	Describe the toxicology of common plant poisons
William Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committee and Committe		IM21.2.3	List the clinical features of common plant poisons
		IM21.2.4	Describe the specific approach of detoxification for common plant poisons.
		IM21,2.5	Discuss the prognosis of common plant poisons
M21.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis	IM21,3.1	Enumerate the common corrosives used in their area
	and approach to therapy	IM21.3.2	Describe the toxicology of common corrosive poisoning
	Proceedings   Proceedings   Proceedings   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987   March 1987	and the second of the second	

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	1.04		List the clinical features
			of common corrosive poisoning
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		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
· Value of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s		IM21.4.4	Describe the approach towards therapy of common drug overdose
Additional trap of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first state of the first sta		IM21.4.5	Discuss the prognosis of common drug overdose
IM21.5	Observe and describe the functions and role of a poison center in	IM21.5.1	Enumerate the functions of poison centre
	suspected poisoning	IM21.5.2	Describe the role of a polson centre in suspected poisoning
	* 	TM21.5.3	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

		. F.C.C. FI FI.F.		
		Competency	SLOs	
		The student should be able to	. 100	
Γ	IM22.1	Enumerate the causes of hypercalcemia	IM22.1.1 Describe physiology of	√ of
l		and distinguish the features of PTH vs	calciumhomeostasis	
	at 14 B	non PTH mediated hypercalcemia.		_

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	Objective	IM22.1.2	Describe the pathological
			consequences of hypercalcemia.
		IM22.1.3	Enumerate the causes of hypercalcemia.
		IM22.1.4	Enumerate the clinical feature of hypercalcemia.
		IM22.1.5	Distinguish the features of PTH vs non PTH mediated hypercalcemia.
IM22.2	Describe the etiology, clinical manifestations, diagnosis and clinical approach to primary	IM22.2.1	Discuss pathogenesis of hyperparathyroidism
	hyperparathyroidism.	IM22.2.2	Describe the etiology of primary hyperparathyroidism.
		IM22.2.3	Enumerate the clinical manifestations of primary hyperparathyroidism.
		IM22.2.4	Discuss clinical approach to primary hyperparathyroidism.
		IM22.2.5	Discuss diagnosis of primary hyperparathyroldism.
		IM22.2.6	Describe surgery intervention in case orimary hyperparathyroidism.
IM22.3	Describe the approach to the management of hypercalcemia.	₩/122.3.1	Describe the pharmacology actions of drugs used in Hypercalcemia.
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the 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		IM22.3.2	Describe the management of Hypercalcemia.
IM22.4	Enumerate the components and describe the genetic basis of the multiple	IM22.4.1	Discuss pathogenesis of MEN syndrome

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	endocrine neoplasia syndromes.	IM22.4.2	Enumerate the
			components of the
I III Januari da	**************************************		multiple endocrine
	1 C/A	11 23 4 4 5	neoplasia syndromes.
100	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	IM22.4.3	Describe the genetic basis of the multiple
1		-	endocrine neoplasia
		•	syndromes,
IM22,5	Enumerate the causes and describe the	IM22,4,1	
11514-4-1-7	clinical features and the correct approach	117122.4.1	Enumerate the causes and clinical features of
	to the diagnosis and management of the		hyponatremia.
	patient		mypunaurina.
	with hyponatremia.		
		IM22.4,2	Describe diagnostic
			approach of
		THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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	hyponatremia.
		(5.450.45	
		IM22,4.3	Describe management of
			the patient with
10 0 m 10 00 00			hyponatremia
IM22.6	Enumerate the causes and describe the	IM22:6.1	Enumerate the causes
	clinical and laboratory features and the		and clinical features of
	correct approach to the diagnosis and management of the patient with	, .	hypernatremia.
	hypernatremia.	IM22.6.2	Describe the laboratory
	ery gewissian williams		features and the correct
			approach to the
	er ve avan		diagnosis of
	ON Constant		hypernatremia.
		IM22.6.3	Describe the treatment
			of the patient with
and the second	TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH		hypernatremia.
IM22.7	Enumerate the causes and describe the	IM22.7.1	Enumerate the causes
	clinical and laboratory features and the		and describe the clinical
	correct approach to the diagnosis and	***************************************	feature of hypokalemia.
	management of the patient with		
	hypokalemia.	IM22.7.2	Describe the laboratory
	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		features and the correct
: }			approach to the
	** COLOR		diagnosis of
-	Translation .		hypokalemia.
	1	IM22.7.3	Describe the treatment
	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		of the patient with
	AND AND AND AND AND AND AND AND AND AND		hypokalemia.
IM22.8	Enumerate the causes and describe the	IM22.8.1	Enumerate the causes
	MARKET STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF 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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	clinical and laboratory		and describe the clinical
	features and the correct approach to the	Ì	features of
	diagnosis and		hyperkalemia.
	<del>-</del>		Myperkaterina.
	management of the patient with	IM22.8.2	Describe the laboratory
	hyperkalemia.	, , , , , , , , , , , , , , , , , , , ,	features and the correct
			approach to the
ł			diagnosis of
		-	hyperkalemia.
		10.5777.07	.]
`		IM22.8.3	Describe the treatment
	'		of the patient with
			hypokalemia
IM22.9	Enumerate the causes and describe the	IM22.9.1	Describe the physiology
£13144444		1171222222	of metabolic acidosis
e .	clinical and laboratory features of		Of Higianolic acidosis
	metabolic acidosis.		
1		IM22.9.2	Enumerate the causes
			and describe the clinical
No.		Newson Co.	features of metabolic
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	•		acidosis.
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		IM22.9.3	Describe the laboratory
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			acidosis
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IM22.10		IM22.10.1	Describe of physiology of
IM22.10	clinical and laboratory	IM22.10.1	metabolic alkalosis.
IM22.10			metabolic alkalosis.
IM22.10	clinical and laboratory	IM22.10.1 IM22.10.2	
IM22.10	clinical and laboratory		metabolic alkalosis.
IM22.10	clinical and laboratory		metabolic alkalosis.  Enumerate the causes and describe the clinical
IM22.10	clinical and laboratory		Enumerate the causes and describe the clinical features of metabolic
IM22.10	clinical and laboratory		metabolic alkalosis.  Enumerate the causes and describe the clinical
IM22.10	clinical and laboratory	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.
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IM22.10	clinical and laboratory	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.
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IM22.10	clinical and laboratory	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory
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	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes
	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes and describe the clinical
	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes
	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes and describe the clinical features of respiratory
	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes and describe the clinical
	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.3 IM22.11.1 IM22.11.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes and describe the clinical features of respiratory acidosis.
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	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.3 IM22.11.1 IM22.11.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes and describe the clinical features of respiratory acidosis.
	clinical and laboratory features of metabolic alkalosis  Enumerate the causes and describe the clinical and laboratory features of	IM22.10.3 IM22.11.1 IM22.11.2	metabolic alkalosis.  Enumerate the causes and describe the clinical features of metabolic alkalosis.  Describe the laboratory features of metabolic alkalosis.  Describe the physiology of respiratory acidosis  Enumerate the causes and describe the clinical features of respiratory acidosis.  Describes the laboratory

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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.
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		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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		Competency		SLOs
		The student should be able to		
IM	123.1	Discuss and describe the methods of	IM 23.1.1	Discuss essential nutrient
-		nutritional assessment in an adult and		requirements and
		calculation of caloric requirements during		dietary reference intake.
		illnesses		
			IM 23.1.2	Discuss nutritional status
				assessment in adults.

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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.
	mainutrition in the hospital	IM 23.2.2	Describe protein energy malnutrition and its variants.
		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.
pana dikabana dan dan dan dan dan dan dan dan dan		IM 23.3.3	Describe the clinical manifestation of common vitamin
Strandard 99 or			deficiencies.
allerend homosed decidenda valdelle 1992		IM 23.3.4	Discuss the complication of common vitamin deficiency.
Topic of authorities of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control		IM 23.3.5	Discuss the diagnostic modalities of common vitamin deficiencies.
entral lander for the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		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.
The second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of the second control of		IM 23.4.2	Enumerate the indication, provision and selection of enteral nutrition in critically ill

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			patients.
		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
		IM 23.5.2	Communicate to patients In a simulated environment with illness on an appropriate balanced diet

## 24 Geriatrics

	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
	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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IM24.2	Perform multidimensional geriatric assessment that includes medical,	IM24.2.1	Perform clinical assessment of elderly
Madaya Madaya Madaya Maranda Madaya Madaya Madaya Madaya Madaya Madaya Madaya Madaya Madaya Madaya Madaya Mada	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
	care, stabilization, management, and rehabilitation of acute confusional states	IM24.3.2	Describe and discuss causes, etiopathogenesis and presentation and functional events of acute confusional states in elderly
	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	IM24.3.3	Describe and discuss emergency management of acute confusional state
	The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the 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	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
re marina de tra arctiva del designativo del del del del del del del del del del	care, 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
		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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IM24.5	Describe and discuss the aetiopathogenesis clinical presentation identification, functional changes, acute	IM24,5.1	Describe and discuss causes of depression in elderly
	care, stabilization, management, and rehabilitation of depression in the elderly	IM24.5.2	Describe and discuss clinical presentation of depression in elderly and functional changes
*	¥2	IM24.5.3	Discuss identification of reversible causes of depression elderly
		IM24.5.4	Describe and discuss acute care and management of depression in elderly
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IM24.6	Describe and discuss the aetiopathogenesis causes, clinical presentation, difference in discussion	IM24.6.1	Describe and discuss causes of dementia in elderly
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		IM24.6.3	Discuss identification of reversible causes of dementia in elderly
		IM24.6.4	Describe and discuss acute care and management of dementia in elderly
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IM24.7	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute	IM24.7.1	Describe and discuss causes of personality changes 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	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
	aetiopathogenesis, clinical presentation,		Describe and discuss
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		IM24.8.3	Describe and discuss
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1		***	term management of
			osteoporosis in elderly
		IM24.8.4	Describe and discuss
			rehabilitation of elderly
			with osteoporosis
IM24.9	Describe and discuss the	IM24.9.1	Describe and discuss
	aetiopathogenesis, 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
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			functional changes
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IM24.11	Describe and discuss the	IM24.11.1	Describe and discuss
	aetiopathogenesis, clinical presentation,	11.14.14.1	vescribe and discuss common causes of
90%	identification, functional changes, acute		surgery in elderly
	care, stabilization, management and	IM24.11.2	Describe and discuss
	rehabilitation of the elderly undergoing	A.L.L. *********************************	clinical presentation of
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	Production	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	common causes or surgery elderly and
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			acute care, stabilization,
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		T	undergoing surgery
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IM24.12	Describe and discuss the	IM24.12.1	Describe and discuss
	aetiopathogenesis, clinical presentation,		aetiopathogenesis of
	identification, functional changes, acute		degenerative joint
	care, stabilization, management, and	4.45	disease in elderly
	rehabilitation of degenerative joint	IM24.12.2	Describe and discuss
	disease	***************************************	clinical presentation of
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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. stranger	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
Jonatha		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			
		1111111111111	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
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400		IM24.14.2	Describe and discuss
			identification of factors
			preventing fractures in
	A Parameter Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control 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		elderly
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		1	acute care, stabilization,
			and management of
			elderly with fractures
	XX	IM24.14.4	Describe and discuss
		IIVIZH.IM,4	rehabilitation of in
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IM24.15	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute	IM24.15.1	Describe and discuss causes of in visual loss in the elderly
	care, stabilization, management and rehabilitation of vision and visual loss in the elderly	IM24.15.2	Describe and discuss clinical presentation of visual loss in the elderly and functional changes
		IM24.15.3	Describe and discuss identification of reversible causes of visual loss in elderly
		IM24.15.4	Describe and discuss acute care, stabilization and management of visual loss in the elderly
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IM24.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy	IM24.16.1	Describe and discuss basic principles of functional assessment in elderly.
And an analysis 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	in the management of disability in the elderly	M24.16.2	Describe and discuss principals of social and physical rehabilitation of elderly
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		IM24.16.4	Describe and discuss role of physiotherapy and occupational therapy in elderly
M24.17	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and	IM24.17.1	Describe and discuss causes and pathogenesis of hearing loss in the elderly in
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		IM24.17.3	changes Discuss identification of reversible causes of hearing loss in the

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			elderly
		IM24.17.4	Describe and discuss
		**************************************	acute care, stabilization
			and management of
			hearing loss in the
			elderly
		IM24.17.5	Describe and discuss
		114124.17.2	rehabilitation of hearing
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IM24.18	Describe the impact of the demographic	IM24.18.1	Describe the impact of
-	changes in ageing on the population		the demographic
-			changes in ageing on the
			population
IM24.19	Enumerate and describe the social	IM24.19.1	Enumerate social
· ·	problems in the elderly including		problems in the elderly
· ·	isolation, abuse, change in family		including isolation,
ant.co.co.	structure and their impact on health.		abuse, change in family
Takes	THE STANDARD OF SECTION WITHOUT LIVES IN CO. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S.		structure and their
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- Carrier Control			in the elderly including
			isolation, abuse, change
			in family structure and
r.			their impact on health.
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IM24.20	Enumerate and describe social	IM24.20.1	Enumerate social
Cas convers	Interventions in the care of elderly		interventions in the care
and the same	including domiciliary discussion services,		of elderly including
CANAL AND AND AND AND AND AND AND AND AND AND	rehabilitation facilities, old age homes		domiciliary discussion
one menon	and state interventions		services, rehabilitation
erianova.			facilities, old age homes
SAT CONTROL			and state interventions
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	94.1.00	IM24.20.2	Describe social
		HVIZ4.ZU.Z	interventions in the care
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Section 1	22.79	; ·	of elderly including
	<b>→</b>	ev schelone	domiciliary discussion
an eduarin	4	Numeron	services, rehabilitation
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			and state interventions
IM24.21	Enumerate and describe ethical issues in	IM24.21.1	Enumerate and describe
	the care of the elderly	N. Account	ethical issues concerning
X			care of elderly
** *	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	IM24.21.2	Discuss end of life care
		IM24.21.3	Enumerate and describe
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			medicolegal aspects and laws of our countries and others
IMZ4.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment, and	IM24.22.1	Describe and discuss causes of nutritional disorders in elderly
	management of nutritional disorders in the elderly	IM24.22.2	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

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	Competency The student should I	ne able to		SLOs
IM25.1	Describe and discuss influence of host Imi factors and comorbidiseases (e.g. Leptos non-febrile infectiou Tetanus)	nune status, risk dities on zoonotic pirosis, Rabies) and	IM25.1.1	What is the response and influence of host immunity on zoonotic diseases (e.g. leptospirosis, Rabies)?
		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 section of the sectio	IM25.1.2	Enumerate the various risk factors for zoonotic diseases
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			IM25.1,4	What is the response and influence of host immunity on non-febrile

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e ^r			infectious disease (e.g. tetanus)?
		IM25.1.5	What are the risk factors for non-febrile infectious diseases?
		IM25.1.6	Response and influence of host immunity in a patient with comorbidities in non-
:			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 non-febrile infectious diseases
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-	March March Carlos Communication (March 1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995	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
<b>300</b> (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	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	IM25.3.2	Whatare the clinical manifestations of zoonotic diseases?
	And the season 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 sec	IM25.3.3	Describe the pathophysiology of non-febrile infectious diseases
4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		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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	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
		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
	TO A 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 TH	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
		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
		IM25.5.4	Demonstrate how to perform systemic examination of abdomen
		IM25.5.5	Discuss differential diagnosis based on examination findings
IM25.6	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective,	IM25.6.1	What are the differentiating clinical features of infective,

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	inflammatory, malignant and	<b>1</b>	inflammatory, malignant
	rheumatologic causes		and rheumatologic diseases?
		IM25.6.2	Enumerate differential diagnosis and priorities according to clinical
			features of the patient
IM25.7	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray,	IM25.7.1	Enumerate the relevant blood investigations based on differential diagnosis
	blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC	AND AND AND AND AND AND AND AND AND AND	
		IM25.7.2	How will you interpret these blood investigations like CBC,peripheral smear etc.?
33434 5134 5134 5134 5134 5134 5134 5134		IM25.7.3	What other Radiological investigations are required and how they can be useful in making a diagnosis
		IM25.7.4	Enumerate other microbiological investigations required in for diagnosis
1000-00-00-00-00-00-00-00-00-00-00-00-00	The Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the C	IM25.7.5	What are the body fluid analysis investigations and how are they useful in making a particular diagnosis?
IVI25.8	Enumerate the indications for use of newer techniques in the diagnosis of these infections	IM25.8.1	What are the newer methods or investigations for diagnosis of these infections?
		iM25.8.2	Enumerate the indications for these newer investigations
IM25.9	Assist in the collection of blood and other specimen culture	IM25.9.1	Explain the steps for taking a venous blood sample

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			samples?
		IM25.9.3	How will you label a blood sample?
		IM25.9.4	How will you discard a used needle/syringe?
20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		IM25.9.5	What instructions will you give to the patient for obtaining urine culture specimen?
M25.10	Develop and present an appropriate	IM25.10.1	Prepare a diagnostic
Wilder Commence	diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner		plan to reach a most likely diagnosis includin routine and specific investigation
		IM25.10.2	Prioritised your investigation in order of preference and in a coseffective manner
Period and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Security and Securit		IM25,10.3	What are the indication for invasive and costly investigations?
M25.11	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?
		IM25.11.4	How will you monitor a patient on empirical treatment?
W25.12	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

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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
gazzar a mengan kangan kangan ang mengaharan		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
IM26.1	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
	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	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
ž .		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-	1847574	1 c
IIVIZD.3	maleficence as a guiding principle in patient care	IM26.3.1	Enumerate the principles of patient care
		IM26.3,2	Define Non maleficence
		IM26.3.3	Enlist few examples of non-maleficence
40		IM26.3,4	Discuss the role of non- maleficence as a guiding principle in patient care
IM26.4	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	IM25.4.1	Enumerate the principles of patient care
		IM26.4.2	Define Autonomy
		IM26.4.3	Enlist few examples of autonomy
		IM25.4.4	Discuss the role of autonomy as a guiding principle in patient care
IM26.5	Describe and discuss the role of beneficence of a guiding principle in patient care	IM26.5.1	Enumerate the principles of patient care
		IM26.5.2	Define Beneficence
		IM26.5.3	Enlist few examples of beneficence
-		IM26.5.4	Discuss the role of beneficence as a guiding principle in patient care
IM26.6	Describe and discuss the role of a physician in health care system	IM26,6,1	Enumerate the roles of a physician
		IM26.6.2	Describe roles of the a physician in health care system
IM26.7	Describe and discuss the role of justice as a guiding principle in patient care	IM26.7.1	Enumerate the principles of patient care
		IM26.7.2	Define Justice
		IM26.7.3	Enlist few examples of Justice
a a a		IM26.7.4	Discuss the role of Justice as a guiding principle in patient care
IM26.8	Identify discuss medicolegal, socioeconomic and ethical issues as it pertains to organ donation	iM26.8.1	List medicolegal issues in relation to organ donation
And and an an an an an an an an an an an an an		IM26.8.2	Enumerate socio economic issues related to organ donation

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		IM26.8.1	Enlist Ethical issues
			related to organ
			donation
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		IM26.8.2	Describe Medicolegal
			issues related to organ
			donation
		IM26.8.3	Discuss Ethical and
		11412.0.0.5	socioeconomic issues
			*** */-,
			related to organ
		j	donation
IM26.9	Identify, discuss and defend medicolegal,	IM26.9.1	Define rights, equity and
	sociocultural, economic and ethical issues		justice in access to
			health care
	as it pertains to rights, equity and justice		menti core
	In access to health care		
		IM26.9.2	Enumerate medicolegal,
		AND AND AND AND AND AND AND AND AND AND	sociocultural, economic
		outle seco	and ethical issues
		name out	related to rights, equity
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		IM26.9.3	Discuss medicolegal,
700			sociocultural, economic
	account		and ethical issues
	Section 2	D. C. C. C. C. C. C. C. C. C. C. C. C. C.	related to rights, equity
X			and justice in access to
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			TOPOGRAPHO 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 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 OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE 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
		IM26.9.3	Defend medicolegal,
			sociocultural, economic
			and ethical issues
	· ·		related to rights, equity
		ž	and Justice in access to
	500		health care
- Lanconomic Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control C	A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE		12 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
IM26.10	Identify, discuss and defend medicolegal,	IM26.10.1	Define confidentiality in
Quantities of the second	socio-cultural and ethical issues as it		patient care
	pertains to confidentiality in patient care		A company
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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	Care Define Autonomy
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7 T. T. T. T. T. T. T. T. T. T. T. T. T.		IM26.11.3	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
IM26.12	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making	IM26.12.1	Define Advanced directives
		IM26,12.1	Define surrogate decision making
		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
		IM26,13,2	Identify situations where patients do not have the capability or

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			capacity to give consent
1.7	•	IM26.13.3	Discuss medicolegal,
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16000 40	Identify, discuss and defend medicolegal,	IM26.14.1	Identify medicolegal,
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		IM26.15.4	List ethical issues
			pertaining to consent fo
			surgical procedures
IM26.16	Identify, discuss and defend medicologal,	IM26.16.1	Identify, discuss and
	socio-cultural, professional and ethical	Yourspeeples	defend medicolegal
	issues as it pertains to the physician		issues as it pertains to
	patient relationship (including fiduciary		the physician patient
	duty)	NAME OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	relationship
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•		The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the 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	issues as it pertains to
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-			defend ethical issues as
			it pertains to the
			physician patient
4			relationship
		IM26.16.4	Identify, discuss and
			defend professional
	1		issues as it pertains to
			the physician patient
W.			
1887/ 47	**************************************	111400000000	relationship
IM25.17	Identify, discuss physician's role and	IM26.17.1	identify physician's role
	responsibility to society and the	-	towards society and
	community that she/ he serves		community
:		IM26.17.2	List responsibilities of a
		***************************************	physician to society and
		:	community
		IM26.17.3	Discuss physician's role
	Service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic		in society and
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IM26.18	Identify, discuss and defend medicologal,	IM26.18.1	What do you understan
	socio-cultural, professional and ethical	(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	by "Physician-Industry
The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of 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	issues in physician- industry relationships		relationship"?
	rasucs in priyacial. manada relationaliba	M26.18.2	Discuss the medicolegal
		IWIZ0.16.2	1 <del></del>
			aspects of physician-
7			industry relationship
			with appropriate
. 1			examples
1		IM26.18.3	How does the industry
vegen.	:		influence the
			professionalism of a
4			physician?
		IM26.18.4	Discuss the socio-
		***************************************	cultural trend affecting
	·		the physician-industry
		lang.	relationship
M26.19	Demonstrate ability to work in a team of	IM26.19.1	Demonstrate ability of
	peers and superiors	TITISAN'S de mis de de	consulting your senior
	farmen in grappy replayed and the	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	
			regarding management
			of a complicated case
		FIM26.19.2	Demonstrate ability to
			work as a team leader i
			an emergency situation
		IM26.19.3	Demonstrate ability of
	That is		assisting your senior for
		water	an invasive bedside /
		THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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	emergency procedure
IM26.20	Demonstrate ability to communicate to	IM26.20.1	Demonstrate the ability
x een ne' 6 Mile 16"	patients in a patient, respectful, non-	**************************************	to communicate with a
	personation in the personal is a partition of 10011.	•	LO COMMINGICALE VILLE A

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			patient recently
	threatening, non-judgemental and		diagnosed with an
100	empathetic manner		incurable disease
		13437 30 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
44444	* ***	IM26.22.1	Demonstrate the ability
IM26.22	Demonstrate ability to maintain	11/120.22.1	to attend a case of
	confidentiality in patient care		recently diagnosed STD /
			• • • • • • • • • • • • • • • • • • • •
<del>/////////////////////////////////////</del>		18476 22 2	Leprosy patient  Demonstrate the ability
		IM26.22.2	to care for an HIV
	•		patient who is
			accompanied by her
			mother-in-law
<del>a on to have a 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 constructi</del>	A PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRINCIPAL OF THE PRIN	IM26.22.3	Demonstrate the ability
	·	110120.22.5	to care for a patient with
			history of suicidal
			attempt
IM26.23	Demonstrate a commitment to continued	IM26.23.1	Enumerate the methods
HAING'ND	learning	11012012012	of continued learning
	ica: mg	on the second	and demonstrate the
			role of being a perpetual
	···		student with examples
IM26.24	Demonstrate respect in relationship with	IM26.24.1	Demonstrate the ability
IMPRICA	patients, fellow team members,		to attend an illiterate
	superiors and other health care workers	MANUAL PLANS	patient portraying
		333333	respect in the
		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	conversation
IM26.25	Demonstrate responsibility and work	IM26.25.1	Demonstrate a clinical
110100100	ethics while working in the health care		case scenario displaying
	team	a	the act of responsibility
		AV-ABORRADO	while working in a
	en en en en en en en en en en en en en e		healthcare team
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		· ·	case scenario that
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			of work ethics among
			the health care team
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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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7. Complete A. Manusco	correct use of medical records)		MI patient in emergency ward
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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
IM25.28	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
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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
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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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IM26.31 Demonstrate awareness of limitations and seeks help and consultations appropriately  IM26.31.1 Demonstrate awareness of limitations and seeks help and consultations appropriately  IM26.31.2 Demonstrate the ability to consult and seek help from a superior colleague for a difficult case  IM26.31.2 Demonstrate appropriate respect to consult and seek help from another department  Demonstrate the ability to consult and seek help from another department  Demonstrate the ability to deal with professional envy  IM26.32.1 Demonstrate an understanding of the implications and the appropriate procedures and response to be followed in the event of medical errors  IM26.33.1 Demonstrate the ability to deal with healthcare concerns of a colleague personal dentity possible rectifications  IM26.33.2 Demonstrate the ability to discuss errors with colleagues/ superiors and identity possible rectifications  IM26.33.3 Demonstrate the ability to explain errors to patient/ relatives Demonstrate the ability to explain errors to patient/ relatives Demonstrate the ability to report errors and handle court case of the patient care and professional relationships and describe the correct response to these conflicts  IM26.34.1 Identify conflicts of interest in patient care and professional relationship.  IM26.34.2 Identify conflict of interest in patient care and professional relationship.  IM26.34.3 Describe correct response to these conflicts.	(			I was
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	encounters		towards patients.
		IM.26.35.2	Demonstrate empathy ir patient encounter in real life scenarios like breaking bad news using role play.
IM26.36	Demonstrate ability to balance personal	   IM.26.36.1	Discuss balance between
	and professional priorities	1181.2.33.33.4	personal life and
Address of the second			professional priorities.
		IM.26.36.2	Demonstrate ability to
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IM26.37	Demonstrate ability to manage time	IM.26.37.1	Discuss importance of
d on any or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a second or a seco	appropriately		time management
-		IM.26.37.2	Demonstrate ability to manage time through skit/role play.
			skit/fole play.
IM26.38	Demonstrate ability to form and function in appropriate professional networks	IM.26.38.1	Discuss the importance of professional network
		IM.26.38.2	Demonstrate ability to form and function in appropriate professional
			network through skit/ mock seminars
M26.39	Demonstrate ability to pursue and seek	IM.26.39.1	Demonstrate ability to
	career advancement		pursue and seek career advancement
IM26.40	Demonstrate ability to follow risk	IM.26.40.1	Discuss risk managemen
	management and medical error reduction practices where appropriate.		and medical error.
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		IM.26.40.2	Demonstrate risk management and

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			through role play.
IM26.41	Demonstrate ability to work in a mentoring relationship with junior	IM.26.	Discuss importance of mentoring in medical
	colleagues	24.4	practice
		IM.26.41.2	Demonstrate mentoring relationship with junior colleague through skit.
1		IM.26.42.1	Discuss commitment to
IM26.42	Demonstrate commitment to learning and scholarship	IIVI.20.42.1	learn
ACTUAL CONTRACTOR OF THE STATE	5.45842748 200000 200 page 44400 c	IM.26.42.2	Disuses scholarships available for medical students.
	and the second s	IM.26.42.3	Demonstrate role of scholarship through a short seminar.
	Spirits from remarks and not the first to gar gar or a minimum with the still define with the Still of the still remarks and any any any and a minimum when the still still a still	IM.26,42.4	Demonstrate commitment to learning via skit
IM26.43	Identify, discuss, and defend medicolegal, sociocultural, economic and ethical issues as they pertain to in vitro fertilization donor insemination and surrogate motherhood	IM.26.43.1	Identify medicolegal, sociocultural, and ethical issues pertaining to donor insemination and surrogate motherhood.
		IM.26.43.2	Discuss medicolegal, sociocultural, and ethical issues pertaining to donor insemination and surrogate motherhood
		IM.26.43.3	Defend medicolegal, sociocultural, and ethical issues pertaining to donor insemination and surrogate motherhood
IM25.44	Identify, discuss and defend medicolegal, socio-cultural professional and issues	IM.26.44.1	Identify medicolegal, sociocultural, and ethical

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	pertaining to ethical medical negligence		issues pertaining to ethical medical negligence
		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
end-elistification (A) file and a second sec	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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	the state of the s		
***************************************		(management)	issues pertaining to
		economic et al.	impaired physicians
	Identify, discuss, and defend	IM.26.47.1	Identify medicolegal,
M26.47	medicolegal, socio-cultural, and ethical		socio-cultural, and
			ethical issues as they
	issues as they pertain to refusal of care		pertain to refusal of care
	including do not resuscitate and		including do not
	withdrawal of life support		resuscitate and
			withdrawal of life
			support
			was of private to
		IM.26.47.2	Discuss medicolegal,
		200	socio-cultural, and
	•	Active Control	ethical issues as they
		TO A CONTRACTOR	pertain to refusal of care
		0.000	including do not
	·	- The second sec	resuscitate and
			withdrawal of life
			support
		IM.26.47.3	Defend/Justify
			medicolegal, socio-
	₹,		cultural, and ethical
			issues as they pertain to
		and the second s	refusal of care including
) 	do not resuscitate and
	eginen visit		withdrawal of life
			support
IM26,48	Demonstrate altruism	IM.26.48.1	Demonstrate altruism
HAITO'49	Pelifering are ensured		The second secon
IM26.49	Administer informed consent and	IM.26.49.1	Describe informed
	appropriately address patient queries to		consent for a research
	a patient being enrolled in a research		and address patient
	protocol in a simulated environment		quarries of
	·	<u>.</u>	patient/participant beir
			enrolled
	I amount to the second	IM.26.49.2	Demonstrate informed
,		1171.20.43.2	consent and
			appropriately address
			robehit abetrapel romanna

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The second secon	TVT 1 0 A consideration (QC A dispatch sign)			The second secon			patient queries to a patient being enrolled in a research protocol in a simulated environment	
				C 200 da Printensia research Antal Aduda de serve agrapa da da Little dels descriptos		IM.26.49.3	Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment	Signal Si
				PREPERTY II	<i>z</i> .			
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APPENDIX - III 4 G LOGBOOK (MEDICINE) - (PAGES 1-13)

LOGBOOK

DEPARTMENT OF MEDICINE

(COMPETENCY BASEDCURRICULUM)

		of student:	*****		
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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
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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)

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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.	- Comment of the Comm					
IM 4.13 Perform and interpret a sputum gram stain. IM 4.14 Perform and interpret a						
sputum AFB. 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.						
IM 4.20 Interpret a PPD (Mantoux)						
IM 5.15 Assist in the performance and interpret the findings of an ascitic fluid analysis. (DOAP)						en en en en en en en en en en en en en e
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						
1M 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						p .
mannequin and interpret results of			-			
an arterial blood gas examination. (DOAP)				massassin-philopholopholopholopholopholopholopholo		
1M3.9 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)		\$\disp\column\$				
IM 17.19 Demonstrate in a model						
the correct technique to perform a						
lumbar puncture.	*****					
IM3.10, Demonstrate the correct	-					
technique in a mannequin and			Vinemo Joseph			
interpret results of a blood culture.						
(DOAP) IM20.2 Describe, demonstrate in		an annual state of the state of				
a volunteer or a mannequin and						
educate (to other health care						
workers / patients) the correct						
initial management of patient with			new control			
a snake bite in the field. (DOAP)						
IM23.5 Counsel and communicate	\$ 100 pt. 100					
to patients in a simulated			The state of the s	diversion and the second		
environment with illness on an				or commence of the commence of		
appropriate balanced diet.						
(DOAP)		***************************************	ļ.,			COMPANY AND AND AND AND AND AND AND AND AND AND
IM4.17 Observe and assist in the			200			
performance of a bone marrow			-			
aspiration and biopsy in a			-		or design	
simulated environment. (DOAP)			ļ		<u> </u>	
IM26.29Communicate diagnostic			all the state of t			
and therapeutic options to patient			- Anna Anna Anna Anna Anna Anna Anna Ann			
and family in a simulated						
environment. (DOAP)	L	<u> </u>	L	L	L	I

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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)	9 - 300 - 160 in	guarant en transcurent de la de entre de la decembra del la decembra de la decemb				

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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)						
Intramuscular injection (I)				-		
Intradermal injection (D)						
Subcutaneous injection (I)						
Intra Venous (IV) injection (I)					-	
Setting up IV infusion and calculating drip rate (I)				ť		
Blood transfusion (O)						
Urinary catheterization (D)	·				***************************************	
Basic life support (D)						
Oxygen therapy (I)					**************************************	00 ***********************************
Aerosol therapy / nebulization (I)				-		
Ryle's tube insertion (D)		· · · · · · · · · · · · · · · · · · ·		postaciones con conseguir de destructura per con con con con con con con con con con	W	
Lumbar puncture (O)				see designage operation over more the designation of the designation o		
Pleural and ascitic aspiration (O)			e '		·	
Cardiac resuscitation (D)	and the second s				hal delication delicanos en la cipica del competito de la competito de la competito de la competito de la comp	
Peripheral blood smear interpretation (I)	overvenenenen ett til skille fra fra fra en en en en en en en en en en en en en					
Bedside urine analysis (D)						

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	Cuse Presented/Attended Write P/A	Instructor's Signature
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3				200 A 100 A	
ear and early specific control of the control of th				The second secon	
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RECORD OF CLINICAL CASE PRESENTAION IN PHASE 3 PART 1

S. NO	Date	Patient Name & 1D	Diagnosis	Case Presented/Attended Write P/A	Instructor's Signature
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and a .	10 NOV 2010 NO NOV	General succession services and services are services and services and services and services and services and services are services and services and services are services and services and services are services and services and services are services and services and services are services and services are services and services are services and services are services and services are services and services are services and services are services and services are services and services are services are services and services are services and services are services are services and services are services are services and services are services are services are services are services and services are services are services are services are services are services are services are services are services are services are	en en en en en en en en en en en en en e	The state of the s	
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RECORD OF CLINICAL CASE PRESENTAION IN PHASE 3 PART 2

s. NO	Date	Patient Name & ID	Diagnosis	Case Presented/Attended Write P/A	Instructor's Signature
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APPENDIA - B

ASSESSMENT - 4 Co

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 X 5 = 30 MARKS

6 SHORT NOTES

(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

2. ONE SHORT CASE

40 MARKS

3. ANALYTICAL OSCE

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 marks across phases	
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FACULTY OF MEDICAL SCIENCES UNIVERSITY OF DELHI

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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 vertiger Jelek er d
7.	Dr. Lovenish Bains, Associate Professor, Deptt of Surgery, MAMC - Mem	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

Deptt of Surgery, UCMS

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

Dr. Raideep Singh, Deptt of Surgery, MAMC

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

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

GENERAL SURGERY

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

Plan for Summative Assessment as per NMC recommendation, 2019*

Phase of Course	Practical / Oral / Clinical Examination in General Surgery	Pass Criteria*
Third Professional Part-2	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: 200)	Assessment to include Cagnitive, Psychomotor & communication skills)
Two Surgery Clinical Case present + One Ortho Case present +Spots+ Viva	 Surgery cases [2x50=100 Mks] + Viva [3x10=30Mks] + Spots**[2x10=20Mks] = 150Mks Ortho Case [1x30=30] + Viva [1x20=20] = 50Mks Specimens +Xrhys=10Mks Instriments+ Operative =10Mks 	Assessment of case to include: History taking, Gen & Local Surgical crumal examination/skills testing, demodstrates physical signs, write case record, Analysis, Problem Oriented Clinical Piagnosis/Differential Diagnosis. Diterpretation of findings, Discuss investigations relevant to case & develop management plan. Assess Communication skills(AETCOM): Advise pertinent to the allotted case etc. 10 Spots of 2 marks each ISpecimen IX-Ray
Reference:	• Interpret Common Investigation Data + Astcom Viva= 10Mks	 IOp Procedure. &Instruments Interpret Common Investig Data Actom Viva

*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 5, 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.

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 Education (Amendment), 2019 deals with the Assessment under the Competency based con tradum, 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 aleas 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 reave 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.

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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
Α	MCQ	20 [Surgery]	liidiaanaa ka ka ka ka ka ka ka ka ka ka ka ka k	7/\	[min]
В	LA	2 Surgery)		20	.20
C	SA	4 [Surgery]	71 U	20	40
D	SAO*	4[Surgery 3; AETCOM 1]	3	20	40
E	SAQ	4[Surgery]		20	40
			Total Mks	20 100	4()

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

Part	Type of question	Number of questions	Marks per	Total marks	Time [min]
Λ	MCQ	20 [Dental 4; Rad. 6; Anes. 6, Ortho, 4]	T.	24	7/1
В	LAQ	2 Surgery	Tilds.	7()	3/1
C	SAQ	3 Surgeryt	5	15	30
D	SAQ*	3 Surgery 2: AFTCOM IT	5	15	30
E	SAQ	3 [Ortho] (a)	15	15	30
F	SAQ	3 Orthol	5	15	30
			Total Mks	100	
* One	S40 of the l	Part D will be from METCOM monthle			high Mondail amean assails wy

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 atterprised 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

- 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
- 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 sab-parts.
- All the sub-parts within one LAQ to preferably be linked by theme or unto they should not be unrelated to each other.

Note on Short Answer Questions (SAQ)

- The SAQ can comprise of questions on writing abort notes an 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
- Anesthesia earlier MMCQ] = 340; Now 6[MCQ] = 6/50
- Radiology cartier 10[MCO] = 5/40 Now 6[MCQ] = 6/50
- Dental earlier 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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Page No 3 of 3

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

Student's Name:

Semester:

Posting Batch:

Roll No:

Unit of Posting:

AdmissionBatch:

Page No:

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			
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OCCUPATION AND ADMINISTRATION AN							

• 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

	rint militar	From	To	Lectures [430 hours]	Clinical Posting [32 weeks]
Phase 2nd	2nd Prof	October	August		
en constant and a second of the second of th	AMARIA AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN AMARIAN			General Surgery 25	General Surgery 4
and the state of t	CONTRACTOR DE L'ACTIONNE DE L'ACTIONNE CONTRACTOR DE L'ACTIONNE CONTRAC	lacus occi occininal arroncoli di a del della della di a del della di altri di anticoli di anticoli di anticoli			Orthopedics 2
NA PROPERTIES CONTRACTORS OF CALL SACRAGE					Radiodiagnosis 2
Phase 3rd	3rd Prof Part I	October	September		
***************************************				General Surgery 65	General Surgery 4
	200000000000000000000000000000000000000	Annual or commenced the framework of the second		Orthopedics 40	Orthopedics 4
				Radiodiagnosis 20	Dentistry 1
				Anesthesiology 20	Anesthesialogy 1
Phase 4th	Electives	November	December	Electives 200	Electives 4
(and the second	3rd Prof Part II	January	December		
	***************************************			General Surgery 210	General Surgery 8
· read recognition of the control of	i i i i i i i i i i i i i i i i i i i	<u> </u>		Orthopedics 50	General Surgery 4
					Orthopedics 2

THEORY INTERNAL ASSESSMENT

HEUKY NVII	CKINAL WODEDDINIE	11		The state of the s			
en en en en en en en en en en en en en e		From	To be some 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%
11000 2110				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%
TIGOU OIG	- A Committee of the Co			General Surgery [70]	General Surgery [21]		General Surgery [44]
				Orthopedics (30)	Orthopedics (25)		Orthopedics [28]
CONTRACTOR CONTRACTOR OF SECURIOR SECUR			***************************************		Radiodiagnosis [27]		Radiodiagnosis [14]
			100 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1	<u> </u>	Anesthesiology [27]	An water and the contract of t	Anesthesiology [14]
Phase 4th	Electives	November	December	1 - 2 / 2 - 2 / 4 / 5 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2			
1 (1036 701	3rd Prof Part II	January	December	Term Test 5 [100]	Term Test 6 [Sent Up][100]	260/430x80=47%	260/430x20=12%\
	CONTROL OF THE			General Surgery [81]	General Surgery [81]		General Surgery [81]
**	(·	Z	A	4	S (2) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACT OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROP	

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Orthopedics [19]

Orthopedics [19]

Orthopedics [19]

CLINICAL POSTING INTERNAL ASSESSMENT

Production of the		From	То	Clinical Posting Assessment	Sent Úp	Weightage in IA [Practical][80%]	Logbook [Clinical Posting][20%]
Phase 2nd	2nd Prof	October	August	CP1 [100]		8/32x80=20%	8/32x20=5%
	A comprehensive species of the second	3		General Surgery [50]			General Surgery [50]
-Charlest and Section of the control	**************************************			Orthopedics [25]			Orthopedics [25]
and the second s	A STATE OF THE PARTY OF THE PAR			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]
· Commence of the commence of				Orthopedics (40)			Orthopedics [40]
AMERICAN PROPERTY AND ASSESSMENT OF THE ASSESSME	Sec			Dentistry [10]			Dentistry [10]
				Anesthesiology [10]			Anesthesiology [10]
Phase 4th	Electives	November	December				
	3rd Prof Part II	January	December	CP3 [100]	CP4 [Sent Up] [100]	14/32x80=35%	14/32x20=8.75%
and the same of th				General Surgery [60]	General Surgery [86]		General Surgery [86]
				General Surgery [25]	Orthopedics [14]		Orthopedics [14]
				Orthopedics [15]			

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]: 1100 Plus Logbook Phase 3 [Theory]x7/100 Plus Logbook Phase 4 [Theory]x12/100
 Internal Assessment Practical [Muximum 80] CP1x21/100 Plus 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 defined 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 UNIVERSITY OF DELHI

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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
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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

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 Pacchatrics& visit to departmental areas	 Relevance of Paediatrics as a subject (including Child health indicators) Supervised visit to all teaching learning areas in the Paediatrics (opd, Wards,
		NICU, PICU, Emergency, PNW etc.) 3. Resources required for learning (Books/growth charts/assessment tools etc.)
2	History Taking in Paediatrics	 Components of History taking in Pediatrics Detailed description of various components of history and their importance Practice session on history taking.
3	Common symptoms in Paediatrics	1. History taking in a child with common symptoms – fever, rash, pain, diarrhea, vomiting, cough, poor feeding.
4	Developmental history in a Child (PE 1.5, 1.7, 3.3)	 How to clicit developmental history in infants and children and interpret the findings Elicit developmental history from a parent/caretaker. Elicit the current developmental milestones of the child. When to suspect developmental delay on the basis of history. Use of MCP card for assessing development.
5	Nutritional Assessment of a Child (PE	Practice session on development history (On a case) Detailed dietary history including breast feeding and complementary feeding.

·	8.4, 9.4,9.5)	2. Recommended calorie and protein requirement for children of all age groups
		3. How to elicit the dietary history and Calculate the calorie and protein content
		of 24 hour dietary intake by a child,
		4. Take focused dictary history based on recall method from the caregiver -
		Present the dietary history
		 Calculate the gap (deficit) between recommended intake of calorie and proteir and actual intake
6	Anthropometry and its Interpretation	1. Methods of assessment of growth (use of WHO and Indian national standards
	(PE 1.4)	2. How to measure anthropometric parameters in children
	NO.	3. Interpret the anthropometric measurement data by plotting in appropriate
	TAXAMININA AND AND AND AND AND AND AND AND AND A	WHO growth charts for children of all age groups and gender.
		4. How to classify the type and degree of under nutrition using the WHO charts
L-10-11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		5. Practice session - perform and interpret anthropometry
7	Universal Immunization	1. National Immunization program
-	Program(PE19.6, 19.10, 19.11,19.12)	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
		5. Observe the administration of UIP vaccines
8	General Physical Examination	1. Record pulse, blood pressure, temperature, hydration and respiratory rate;
		interpret as per the age
Market Service and American		2. Recognition of common GPE findings and nutritional deficiency signs.
9	IMNCI (PE 7.5, PE 8.2, PE 10.4, PE	f 1. Introduction to IMNCI, its components
***********	16.1, PE 16.2, PE 16.3, 24.11)	2. Identify the Undemutrition as per IMNCI
10	End of posting Assessment .	Theory (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)
D1	Récapitulation of competencies learnt	1. Components of History taking in Pediatrics
h red valencered et a drette	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
		Plan an age appropriate diet for a healthy child of different age groups, and child with under nutrition/ over nutrition.
	Charles in the graduation of the contract of t	3. Feeding counseling of the mother
D4	Anthropometry and its Interpretation	1. 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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	** Salkenbardenbar	3. Calculate BMI, document in BMI chart and interpret
		4. Assess nutritional status from anthropometric parameters for children of
		ali age groups.
		5. Classify the type and degree of under nutrition using the WHO
		charts.
	1900 to the second seco	6. Identify over nutrition (overweight and obesity) by using WHO charts.
D5	Adolescent Health Check-up	1. Perform routine Adolescent Health checkup including eliciting history,
	or and the second secon	performing examination including SMR (Sexual Maturity Rating), growth
* /		assessments (using Growth charts) and HEADSS screening (PE 6.9)
D6	Abdomen	1. Elicit document and present the history related to diseases of
	History (PE 21.8, 26.5)	Gastrointestinal system
		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, Pallor
	26.9)	Clubbing, Failing to thrive, Vitamin deficiency
	Deleverance .	2. Identify external markers for Kidney disease, like Failing to thrive,
		hypertension, pallor, anasarca.
÷		 Perform examination of the abdomen, demonstrate organomegaly, ascites etc.
		 Formulate a provisional and differential diagnosis related to clinical presentation.
D7	Evaluation of a Child with Diamhea	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
	Applications of the second of	Apply risk stratification of children with diarrheal dehydration as per IMNCI guidelines.
		4. Examine and identify features suggestive of other systemic involvement

	**************************************	The part of Contract of Contra	Prince and an entering extensi	in a case of diarrhea.
D8	3	Cardiovascular System	1.	Elicit appropriate history for a cardiac disease, analyze the symptoms
	er vor tilvasissi	History (PE23.7)	2.	Points suggestive of congenital or acquired Heart disease
		Badan provide variation and realized and the second	3.	Points suggestive of CHF
	e, j			
		Examination (PE 23.8, 23.9, 23.10,	1.	Check for signs of shock i.e. pulse, blood pressure, CRT
		23.12, 23.13)	2.	Check for signs of CHF.
***************************************			3.	Identify external markers of a cardiac disease
		Paragraphy of the second of th	4.	Perform examination of the cardiovascular system
DS	9	Respiratory system	in the second	1. Elicit, document and present history of a child with respiratory
		History (PE28.9,)		problem including upper respiratory symptoms.
				2. Assess airway and breathing: recognize signs of severe
		Examination	ė	respiratory distress. Check for eyanosis, severe chest in-drawing,
		(PE28.10,28.11,28.12,28.13, 28.15,	· ,:	grunting
		31.2, 31.6)	in the second	-3. Examination of upper respiratory tract
				4. Classify the child with stridor as per IMNCI guidelines
				5. Detailed examination of respiratory system.
DI	10	Approach to a child with anemia with	1.	Elicit, document and present the history related to anemia and other
	:	/ without other Hemato-oncological		Hemato-oncological manifestations
	٠	or systemic manifestations		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co
		History (PE29.10)	2.	Identify external markers for hematological disorders e.g. Jaundice,
			· · · · · · · · · · · · · · · · · · ·	Pallor, Petechiae, purpura, Ecchymosis, Lymphadenopathy, bone
		Examination (PE29.11,29.12)	n. 1	tenderness, loss of weight.
			3.	Perform examination of the abdomen, demonstrate Organomegaly
DI	11	CNS	0K3G0X0X6G0X3X3X3X4X40X6	Flicit, document and present appropriate history pertaining to the CNS
		History & Examination (PE30.17,	2.	Demonstrate the correct method for physical examination of CNS.
		30.18,30.19)	3.	Document and present clinical findings.
	. % .		4.	Analyze symptoms and interpret physical findings

Assessment of airway &Oxygen	1. Assess airway and breathing: recognize signs of severe respiratory
therapy	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)
	4. Administer oxygen using correct technique and appropriate flow rate
Document Immunization in an	1. Assess patient for fitness for immunication and prescribe an age
£	appropriate immunization schedule
(PE19.6, 19.10, 19.11,19.12, 19.13)	2. Document Immunization in an immunization record
	3. Interpret a Mantoux Test, BCG scar
	4. Demonstrate the correct administration of different vaccines in a
	mannequin/ other models
Care around birth (PE 20.2, PE 20.3)	Visit to a baby corner in labor room
	2. Steps of essential newborn care
	3. Observation of early establishment of breast feeding
Nacaptal requesitation (PE 20.2)	4. Observation of methods of keeping the baby warm - KMC care
Neonatat resuscitation (FB 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
	4. 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.
	1. Elicit the relevant general, antenatal, natal and postnatal history of the
20.4)	mother
The state of the s	Demonstrate the touch method of assessment of temperature in a newborn.
the state of the s	3. Demonstrate the method of recording axillary and rectal temperature in a
	neonatal manikin.
	4. Demonstrate the counting of HR, RR, CRT in a newborn.
	 Measure weight, length, head circumference and chest circumference in a neonate/manikin accurately.
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And the state of t	 Demonstrate gestational assessment by physical and neurological criteria in a neonate.
	7. Elicit common neonatal reflexes like rooting, sucking, grasp, and Moro's
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	reflex correctly:
	8. Demonstrate a head to toe examination of the neonate. 9. Demonstrate a relevant systemic examination of a neonate.
	1. Observe correct technique of breastfeeding noting signs of good
	attachment and correct positioning of mother and baby.
(PE /.3, 7.7)	2. Distinguish correct feeding technique from wrong one on the mother
· · · · · · · · · · · · · · · · · · ·	baby dyad.
were received and the second and the	3. Identify the common problems related to breast in lactating mother vis
***************************************	retracted nipples, cracked nipples, breast engorgement, breast abscess.
	4. Observe feeding of a preterm/LBW neonate- Tube feeding/ Katori spoot
	feeding
Identify and stratify risk in a sick	1. Identify possible serious bacterial infection/jaundice and stratify the sic
	neonate as per IMNCI. 2. Identify and stratify dehydration in a sick neonate with diarrhea as per
20.18)	Z. Idenity and strainy denydration in a sick reconate what stations as F.
man man 1967 of the Art and the Art and Art an	Assess breastfeeding and check for signs of good attachment to the breastfeeding.
	in a neonate.
	4. Interpret and classify the neonate on the basis of weight for age z score
· · · · · · · · · · · · · · · · · · ·	weight categories accurately.
Counsel/educate mothers on the care	1. Counsel mothers using the GALPAC technique (Greet, Ask, Lister
of neonates	Praise, Advise, Check for understanding) appropriately.
(PE 20.5)	2. Educate mothers regarding care of the cycs, skin and cord stump of the
Harania da Arania 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
The state of the s	night feeds.
	6. Educate the mother regarding common lactation problems
Follow up care of neonates(PE 20.6)	1. Explain the schedule of immunization as per the national immunization
A CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CANADA CAN	
	a. 27 € 31 and 28 5 5 20 € 5 5 20 20 20 20 20 20 20 20 20 20 20 20 20
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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
D1	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 - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management – HSM, Ascites, CLD
D4	Clinical Case - Diambea	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/Wheezy child
D 7.	Clinical Case - Genito-urinary System	History (23.8), Examination (21.9, 21.10, 21.11, 21.12, 21.13, 21.14) & Management – Nephrotic 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
·		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 -
D1	Fluid therapy in Paciliatrics	Meningitis, Paralysis, epilepsy, Cerebral Palsy 1. Calculate the fluid and electrolyte requirement in health, Interpret electrolyte report
0	Revision for the Control of the Cont	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
DI کر	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management

2		
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
D1 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)
DI 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 neonate 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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***************************************	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		į

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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
7 ₁ 11	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	Makesang dan menuntuan saman saman saman saga ang yang pang sagang da harah dan galah K Makesan Sangga, dan saman saga
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	IGT
19	Missed Class/Feedback/revision	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
20	Missed Class/ Feedback/revision	

S.No.	Topic			
	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 Discase - 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		
6	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 - consulurance - consultration aratema		
11	Essential Newborn care including prevention & management of hypothermia and hypoglycemia	SGT		
12	Neonatal sepsis	SGT		

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-	13	Neonatal Jaundice	SGT
SCHOOL SECTION	14	Neonatal seizures including Hypocalcemia	SGT
	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.

S.No.	Topic		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Disorders of Kidney and urinary tract	Mode	
1	Urinary Tract Infection in children	LGT	
2	Acute Kidney Injury	LGT	
	Hemato-oncology		
3	Bleeding and Clotting Disorders	LGT	
	Cardiovascular system	2/01	
4	Acquired Heart Disease and CHF	LGT	
5	Hypertension in children	LGT	
	Disorders of GI system and Liver		
6	Chronic Diarrhea and Malabsorption	LGT	
7	Acute Viral Hepatitis	LGT	
	Respiratory system	4-64.1	
8	Stridor	LGT	
9	Bronchiolitis and pneumonia	LGT	
	CNS		

	10	Neural tube defects	LGT
	11	Acute Meningitis	LGT
	12	CNS tuberculosis	LGT
e e o la mare de la vide e	13	ICSOL and brain abscess	LGT
a diagonite i	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 (IIA, SLE, Kawasaki)	LGT
	19	Child Abuse and Pocso act.	LGT
	20	Missed class	
			

		phinese management		
		S.No.	Topic	Mode
ta .			Disorders of Kidney and urinary tract	
		1	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 Protemuria	SGT
	and the second		Hemato-oncology	
	X.	4	Hemolytic anemia's including thalassemia	SGT
ta da Arrigana. Galaria		5	Childhood Lymphomas and Leukemia	SGT
		6	Solid Organ tumors - neuroblastoma, Nephroblastoma, retinoblastoma (brief Orientation)	SGT
1	<i>j</i>		Cardiovascular system	
(Ally	Carrier de	7	Congenital Heart disease	SGT

	Disorders of GI system and Liver	M
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
		1
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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	33	Missed Class/ Feedback/revision	SGT

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ASSESSMENT OF UNDERGRADUATE STUDENTS- PEDIATRICS

COMPONENTS OF INTERNAL ASSESSMENT (IA) / FORMATIVE ASSESSMENT

- (i) Theory IA
- (ii) Practical / ClinicalIA
- (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 Portd nibbs Skills III MBBS Part II I۷ Erom. w Internship **VIEBS** 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 PHASE II		PHASE	III Part I	PHAS	E III Part II	SENT UP		
Assessment	Theory	Practical	Theory	Practical	Theory	Practical	Theory and	
			**	the state of the s			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	0 11 10 70 vings	respectively	TABLE TRINSIPA VA VIII-AA	June and		(summative	
	Alle Transporter and Control of the			CA digital residual control residual con	Nov-Dec,		assessment	
	Analysis of the state of the st			Yes modername we	respectiv			
				Monaro o i o de de compa	ely		And the second s	
Tools for	MCQ =	OSCE,	Written	1 Clinical	Written	2 clinical		
assessment	15	logbook	Exam I and	case,	Exam III	cases,	The second of th	
•	marks		11	NRP,	(MM-50)	combination	inger and an analysis of the second	
			(MM-50)	logbook	and IV	of observed	Windows	
	O Constant				(sent up	and	700 of all 100 of all	
		in problem to the control			exam	unobserved		
	20,200,00000.400.amm	- Anna Carlos Ca		3) ////////////////////////////////////	MM =	stations,		
		AAA dan aaraa aa aa aa aa aa aa aa aa aa aa aa		APAROCIO CONTRACTOR CO	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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UNIVERSITY OF DELHI

UNDERGRADUATE LOGBOOK

DEPARTMENT OF PEDIATRICS

Name

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Reg. No. (Univ):

Name of college:

Roll no

Year of admission:

Mobile no

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Email ID

Address (Permanent):

Address (Local) :

PHOTO OF STUDENT

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

on Graduate Medical Education, 2018.

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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			3-	
IInd	Phase III Part 1				
IIIrd	Phase III Part 2	·		annan annan annan annan annan annan annan annan annan annan annan annan annan annan annan annan annan annan an	

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COMPETENCIES REQUIRING CERTIFICATION

No	COMPETENCY		Minimum no for certifiy	Decision of Teacher with initials: Complete (C) or repeat (R)	Feedback Received Initials of Learner	
PE14	Perform Anthropometric measurements, document in growth		3.77.75			
PE1.7	charts and interpret Perform Developmental assessment and interpret		3			
PE7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques					
PE11.5	Calculate BMI, document in BMI chart and interpret		3			
PE 19.6	Assess patient for fitness for immunization and prescribe an age-appropriate immunization schedule					Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
PE27.15	Assess airway and breathing: recognise signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting		3		and the state of t	McMagar.
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate	The state of the s				W.
PE27.19	Check for signs of shock i.e. pulse, Blood pressure, CRT		3	30 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A		A. lum

	Choose the type of fluid and calculate	Torrespondent and the second	3	Section 19 June 19 consumption to the	-		gr - Andrews - 2 (1867)
PF27.21	the fluid requirement in shock						
	Assess level of consciousness		13	***************************************	atataina Kiiboon, nj <u>org</u>	is ideamic while;	ikkin kirkin (1905) (1904) kun kirkin kirkin kirkin kirkin kirkin kirkin kirkin kirkin kirkin kirkin kirkin kir A
	&observe emergency treatment of a					entranta de la companya de la compan	
	child with convulsions/coma; Position		1.	***************************************			"AMPRICAN COUNTY OF THE APPROACH APPROACH STORE OF THE COUNTY OF THE COU
	an unconscious child; Position a child						
PE27.22	with suspected trauma;	100 May 100 Ma				uniquist	
PE27.23	Assess for signs of severe dehydration		34.5			THE STATE OF THE S	
	Perform and interpret Urine Dipstick		jarininina j		A CONTRACTOR OF THE PARTY OF TH	WATER	
PE33.6	for Sugar						Direct Control of Cont
	Identify deviations in growth and plan		222		C northeaden		
PE33.11	appropriate referral						
PE34.6	Identify a BCG scar:		3			erycrythiopae is	The state of the s
PE34.7	Interpret a Mantoux test		134444			1400	

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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	Number	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	And the second s	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	Control of the Contro
PE 12.3	Identify the clinical features of dietary deficiency / excess of Vitamin A		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.	The second secon	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	СОМРЕТА	ENCY	Date	Min no	Decision of T	eacher with i	nitials:	Initials of	
	ro Oz	Musel	Con Proces	_مراوم	M	ugh	The same	Plan	28 VS

		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		
	Neonatal resuscitation	3		i i
PE27.16	Demonstrate themethod of positioning of an infant & child toopen airway in a simulated environment	3	>.	
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment	3		And the state of t
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 COMPLIENCIES REQUIRING DOCUMENTATION

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-	Number	Initial of Faculty	T. 25.7 . 2	***		
	ivumber	and date	Initial of Teacher and date	Number	Initial of Faculty and date	Initial of Teacher and date
	PE 2.3	Counselling a parent with failing to		PE 8.5	Counsel and educate mothers on	
	1.27. 1.7	thrive child	;	en financiale de la companya de la c	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	
MANAGEMENT Y NAMES OF THE PROPERTY OF THE PROP	PE 7.9	Educate and counsel mothers for best practices in breast feeding.		PE 20.5	Counsel /cducate mothers on the care of neonates.	SECULAR CONTRACTOR CON
1	PE 7.10	Respects patient privacy		PE 21.16	Counsel / educate a patient for referral appropriately	
	PE 7.11	Participate in Breast Feeding Week celebration		PE 22.2	Counsel a patient with chronic illness	
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	Number	Comnetency	Initial of teacher and
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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						
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						
	1. Present child						
-	2. Risk in next pregnancy						
	(Down's Syndrome)						
PE 32.10	Counsel parents regarding	NAMES OF PERSONS ASSESSED.					
	1. Present child						
	2. Risk in next pregnancy						
	(Turner Syndrome)						

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RECORD OF CLINICAL CASES PRESENTED/ATTENDED PHASE II

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	S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/	Teacher's Signature
***************************************	and the state of t				Attended Write P/A	and the second s
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RECORD OF CLINICAL CASES PRESENTED/ATTENDED PHASE HI (Part I

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S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended	Teacher's Signature	A
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	e control de la			NAME OF THE PROPERTY OF THE PR		
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			Section (Control of Control		J. ave	
				A CONTRACTOR OF THE PROPERTY O	: :	Lemies 202

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

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S.No.	Date	Patient Name & ID	Diagnosis	Case Presented/	Teacher's
				Attended	Signature
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***************************************				and an all an annual september and an analysis and an analysis and an analysis and an analysis and an analysis	***************************************

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

CLINIC/FIELD VISITS

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Visits	Number	Competency	Date completed
Immunization Clinic	PE 19.10	anticon anticon contract and the contract of the contract of the contract and the contract and the contract of the contract and the contract a	consecutation to the production of the consecutatio
	PE 19.11		
	PE 19.12		PROPERTY OF THE PROPERTY OF TH
	PE 19.14		
Other Clinics (Desirable)			
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	Province and entropy from the last the last to the l		
PARTICIPATION IN DEPAR	INENTAL A	LIIVILIES	week Al ist
	tivity	Self documentation b	111271
			CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE
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	student	
Participation in celebration and IEC activities like Breastfeeding	** Address are for the contraction of the contracti	***************************************
Week, National Newborn Week, World Immunization Week,	Appendix on the control of the contr	· .
World Tuberculosis Day, World Health Day, World Asthma Day,		
World Thalassemia Day		
	Personal	
	The second secon	44
Participation in IAP/ Other Quiz		. 10
Participation in ICMR STS/ Other Research Projects		
Research paper presented/ submitted/ published	AS CONTRACTOR OF PROPERTY AND THE RESEARCH PROPERTY AND THE PROPERTY AND T	
Participation in Seminars/Conferences &		-
Role	an general and an analysis of the second analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second and an analysis of the second analysis of the second and an analysis of the second and analysis of the second and an analysis of the second and an analy	
Other Activities		
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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 j
2.	Dr. Amita Suneja, HOD, Deptt of Obstt. & Gynae., UCMS - Member	
3.	Dr. A.M. Rathore, HOD, Deptt of Obstt. & Gynac., MAMC - Member	
4.	Dr. Reena Yadav, HOD, Deptt of Obstt. & Gynae., LHMC - Member	84, 999 390
5.	Dr. Niharika Dhiman, Deptt of Obstt. & Gynae., MAMC - Member	110
6.	Dr. Deepti Goswami, Deptt of Obstt. & Gynae., MAMC - Member	1464
7.	Dr. Pikee Saxena, Deptt of Obstt. & Gynae., LHMC Member	regij.
8.	Dr. Rashmi Malik, Deptt of Obstt. & Gynae., UCMS - Member	

The Committee considered and recommended the following:

the current academic year. An approved currently docum for MBBS CRME Phase I & Phase (Part 1 & II) as recommoded by NMC 688 dept of abs & Cipal MAMR. LHMC & UCMS is annexed as Annexise I.	o.v.
An approved curiculum dorum for MBBS CRME Phase II & Phase II & Phase II & Phase II & Phase II & Phase III & Phase	
CPOUT 1 & II) as reconnocted by NMC for dept of obst Cyrone MAMIR. LHMC & UCMS is annowed as Annoxume I.	
NMC for dept of observance is annexed as Annexed I.	
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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	Cintig nouts	12 5 1 1 1 1 1	and the same of the	
Subjects	hoctures (hours)	đΩ	of group coming torinis/Semmars) tegrated learning (hours)	Glinicai Pistings (hours) 4	Self: Directed Leanning thours	(Fota) (hotirs)
Rallislogy of the Advantage of the	\$0		138	· -	12	230
Pharamenloge	20	· ;	138	-	1 12	230
Microbiology (1991) Combined in Allendar	70	 	110	-	10	190
Community Medicine	20		W	—	10	(41)
Forensia Albaidine and Toxicology	15	. t	.10		3	50
Tinical Subjects	75**		*	540***		615
Attitude, Ethios & Communication Module AETCOM:			29	*	ß	37
iports and extraparioning activities			~	*	28	28
δίη (•				•	1440
		·				

^{*} 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	Teach
	S	iljecis	Teaching Hours	i Tuturial V qeminars Antegraled Tenching (figurs)	Self-Directed Learning (hours)	Total (hours)
General Me	licine)		25	3.5	5	65
Севсты Бил	cı)	Bullion Evaluation	23	3.5	3.5	63
Observes a	d Gynec	ologyHillian Hillian da	25	35	1 3	6.5
Pedatries :	e e e e e e e e e e e e		20	30	5	55
Ontopædic	Average of the	gergi well alterne de	1.5	20	5 5	10
Formic Ak	dicine mi	i Toxirolugy	2.5	45	5	75.
Community.	Medicina	di da da ku ku di Kuasu	អា	(4)	5	105
Dematalogy			20	- 5	5	30
Psythialry	THE RUID	de garantidos (masco)	25	10	3	30
Remiratory I	final and the second	The contract of the contract o	143	jš	1 1	20
Otorbinolary	u£a}o5à		23	4:)	3	70
Ophthalmbla	ėža iš	kadangunis di Kuca	30	60	10	1133
Raciodiagno	is and Ki	odiotherapy and a source	30	8	2	20
cloisedunt	1.7407110000707		×	10	2	20
Clinical Post	ngs*			·v	7	7.56
ARBULT Fab (ARTCUM)	es & Co	numurication Module		10	06	24
Taxul	Ul Je		303	4())	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)	(Tetal? (topurs
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
Pedaries	20	35	10	65
()rihopardics	30	25	***************************************	\$0
Clinical Postings? The parties of the control of th		***************************************		792 "
Antique, Ethics & Communication Module 18.11 [ARTCOM]***	28)ė	<i>1</i>)
Mechanical and Sopranding of Statistics		***************************************	****	711
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

			Private of first	ning in weeks	Total
sidificate		on Mins	an Annis IS I	or more parti-	ческа
switch.				hought) H. (7 mhoga cquien	4
aperal Medicine		4	1	841	20
Angeri Sulpery, 145 Telephological and		4	3	8+4	20
Threshor & Cymerology 1981 and a 1984		3	7	8 47	20
ediatrics		2	24	d	10
Commentity Medicfied		, d	n n	-	10
Ornactedics - including Trasma		7	4	2	. *
Nethinolacyngology	1	J	3	*	ĸ
Opht Amology		4	1	*	: 13
Respiratory Medicine		7			2
Psychiany (1) Section 1		7	2	*	1
Radiodiagnosis'		2	*3	*	2
Dentalology, Veneroology & Leproty		2	3	2	б
Dentisto & Anesthesia			2		2
Country			2	7	3
		36	42	-\$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.

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- 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

	avas pnases
Theory	Practical/ Clinical
	20
	40
60	60
20	60
200	20
	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	<u>-</u> 0:: (1:: 1:: 1:: 1:: 1:: 1:: 1:: 1:: 1::		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	200	
			University Examination
	en le el se	1	Mandatory 50% marks separately in heory and practical (practical) =

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

						<u> </u>	 	<u> </u>	
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, beasine 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 discussion/	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	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		

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	diagrasian	Skill Assessment		
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		
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 7 Sman group	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		
rnase z	000.86	Describe various leatures of pregnancy in dicrasound and tests for monitoring of early pregnancy	K	KH		diamarian	Theory		
		Topic: Complications in early pregnancy Number of competencies: (05)	Numbe	r of pro	cedur	e require certification	n:(NIL)		
									_
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 discuss	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; 73minrgroup	Theory/ Viva voce		
Thase 2	003.10	The state of the s				diamarian	Theory, viva voce		
	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
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.d	Obtain informed consent before doing MTP evacuation.	S	SH	Y	DOAP	VIVA VOCE		
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		
DI G	0.000		T.	****	**		TTI .		
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		

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	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 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		
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	
Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 3, Part 2 Phase 2 Phase 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. Discuss the physiology of normal labour	Number of K/S K K	KH KH KH KH KH KH KH KH KH	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	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	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	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	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	viva written viva voce Theory / Clinical ASSESSMENT / Viva Voce Theory Theory Viva Voce	
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	1	Define, describe the causes, pathophysiology, diagnosis,			1	Lacture Small group	Theory /OSCE/		Ī	<u> </u>
	OG13.2	investigations and management of preterm labor, PROM and	K/S	KH	Y	Lecture, Small group discussion, Bedside	Clinical			
	0G13.2	postdated pregnancy	N/S	KII	1	clinics	ASSESSMENT/viva			
		postdated pregnancy				CHIICS	ASSESSIVIENT/VIVA			
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	s 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 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	OG13.2g	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 3-part 2	OG13.2K	Monitoring of postdated pregnancy	K	KII	1	300	viva voce			
										1
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> </u>		<u> </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			
T ····································		S. C. C. C. C. C. C. C. C. C. C. C. C. C.				,				
	OG13.5	Observe and assist the conduct of a normal vaginal delivery	S	P	Y	DOAP session,	Log book			
phase 3 Part 1& 2		Observe and assist the conduct of a normal vaginal delivery in labour room	S	P	Y	DOAP session,	skill assessment	10		
<u>r</u>						,				
		Topic: Abnormal Lie and Presentation; Maternal Pelvis								
		Number of competencies: (04) Number of procedure require								
		certification:(NIL)								
						Lecture, Small group			1	l
Phase 2	OG14.1	Enumerate and discuss the diameters of maternal pelvis and types	K	KH	Y	discussion, DOAP	Written/ Viva voce/ Skill assessment	I	Human Anator	ny
						Session Bedside clinics			1	
Phase 2	OG14.1a	Enumerate and describe the diameters of female pelvis in relation to inlet, midpelvis and outlet of pelvis		KH	Y	cture/ Small group discuss				
Phase 2	OG14.1b	Enumerate and discuss different types of maternal pelvis	K	KH	Y	cture/ Small group discuss	en/ Viva voce/ Skill asses	sment		
	OG14.2	Discuss the mechanism of normal labor, Define and describe obstructed labor, its clinical features;	K	KH	Y	discussion, DOAP	Written/ Viva voce/			
	UG14.2	prevention; and management	K	КП	ı	Sossion Rodsido clinico	Skill assessment			
						Bulletin chinice				
Phase 3- part2	OG 14.2a	Enumerate the causes of obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce			
Phase 2	OG 14.2b	Describe the mechanism of normal labour	K	KH	Y	Lecture/Small group	Written/viva voce			1
Phase 3- part2		Discuss the feto-maternal complications of obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce			1
Phase 3- part2		Define obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce			1
Phase 3- part2		Discuss the clinical features of obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce			1
Phase 3- part2		Describe the prevention and management of obstructed labour	K	KH	Y	Lecture/Small group	Written/viva voce			1
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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 discussion DOAP	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	
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	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	
-								
	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 emmes	VIVA 1000	
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 counseining	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		
<u> </u>		Topic: Care of the newborn Number of competencies: (04) Number of proced	lure requi	re certifi	ication:	(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		Pediatrics
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		
•									
Phase3, part 2	O.G.18.2	Demonstrate the steps of neonatal resuscitation in a simulated environment	S	SH	Y	DOAP session	Skill assessment		Pediatrics
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		
Phase3, part 2	O.G.18.3	Describe and discuss the diagnosis of birth asphyxia	K	КН	Y	Lecture,small group discussion	written/viva voce		Pediatrics
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/Siman group	Written/Viva		
Phase3, part 2	OG18.3b	Discuss the diagnosis of birth asphyxia	K	KH	Y	Lectule/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		Pediatrics
N 2 12	00104		17	1711	37	Lecture/Sman group	777 /77		
Phase3, part 2		Describe the principles of resuscitation of the newborn	K	KH	Y	Lectulie/Sinain group	Written/Viva		
Phase3, part 2 Phase3, part 2	OG18.4b OG18.4c	enumerate the steps of resuscitation Enumerate common problems encountered during neonatal resuscitation	N V	KH KH	V	Lectule/Smain group	Written/Viva Written/Viva		
nases, part 2	0010.40	Enumerate common problems encountered during neonatar resuscitation	- IX	KII	1	diamaian	vviitten/viva		
		Topic: Normal and abnormal puerperium Number of competencies: (04) Number of	procedure	e require	e 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	discussion,bedside	en/viva voce/skill assesment	;	
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		
hase 3, Part 2	OG19.1e	Enumerate postnatal advice to be given to postpartum patient	K	KH	Y	Small Group Discussion	Viva voce		
	OG19.2	Council in a simulated environment contracention and magnetic testilization	CIAIC	CII	Y	DOAD Coggion	gl-ill aggaggmant	Community Mod	ioino
	UG19.2	Counsel in a simulated environment, contraception and puerperal sterilisation	S/A/C	SH	Y	DOAP Session	skill assessment	Community Med	icine
Phase 2	OG19.2a	Enlist postpartum contraceptive choices	K	KH	Y	Small Group Discussion	Viva voce	<u> </u>	
Phase 3, Part 2	OG19.2b	Counsel in a simulated environment, regarding choice of contraception in lactating and non-lactating m		SH	Y	DOAP session	Skill assessment		
,					1				
	OG19.3	Observe/ assist in the performance of tubal ligation	S	KH	Y	DOAP session, intraoperative	Skill assessment		
ohase 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		
phase 3, Part 2	OG19.3c	Observe/ assist in the performance of postpartum tubal liagation	S	KH	Y	DOAP session	Skill assessment		
	1								
		Enumerate the indications for, describe the steps in and insert and							

	1	T	1			1	T T	
phase 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		V			
phase 3 part2	OG19.46	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)	Number	of proof	dure	require certification	·(NII)	
		Number of competencies.(03)	Number	or proce	eaure	require cerunication	·(NIL)	
	0.000.1	Enumerate the indications and describe and discuss the legal	17	T /TT	T 7	Lecture,small group	written/viva voce/skill	- ' M !' '
	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 WITF	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 WTF- Wedicar and Surgicar methods	K	KH	Y	Lecture/ Small group	Written/ Viva	
nase 2		Describe MTP Act & its amendments &Discuss the legal aspects of first and second trimester MTP	11	1111	•	discussion	VVIICOM VIVA	
Phase 3, Part 2	OG20.1d	Describe the complications and management of complications of Medical Transitions of Described	K	KH	Y	Lecture/ Small group	Written/ Viva	
		Describe the complications and management of complications of Medical Termination of Pregnancy				discussion		
	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						Forensic Medicine
phase 2	OG20.2a	Offer the woman different methods for first trimester and second trimester MTP	С	SH	V	DOAF SESSION/DEUSINE	kill assessment/viva voce	
hase 2	OG20.2a	Inform the woman about the risks and complications of the procedure	C	SH	V	DOAT selsnion/veusine	kill assessment/viva voce	
hase 3 part 2		Take consent in the language the women understands.	Δ	SH	Y	DOAI selsaion/veusiue	kill assessment/viva voce	
hase 3 part 2		Ensure that the consent is voluntary.	Δ	SH	V	DOAT selsnion/veusine	kill assessment/viva voce	
hase 3 part 2		Ensure that the consent is voluntary. Ensure that the consent is being taken for the correct indication, the place of MTP is govt. approved and if pregna	K	SH	Y	DOAF selsion/veusine	kill assessment/viva voce	
					V	DOAP session/bedside		
hase 3 part 2	OG20.2f	Administer informed consent to a women wishing to undergo first trimester MTP in a simulated environment pro	S	SH	Y	clinics	kill assessment/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	
	0 020.28	The same of the sa	~	711		clinics		
		Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its				Lecture,small group		ļ
	OG20.3	amendments	K	K/KH	Y	discussion	kill assessment/viva voce	Forensic Medicine
Phase 3 Part 2	OG20.3a	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its	K	KH	Y	Lecture		
		amendments						
		Topic: Contraception Number of competencies: (02) Number of Describe and discuss the temporary and permanent methods of contraception, indications,	procedui	e requi	re cer	tification:(NIL)		
	OG21.1	technique and complications; selection of patients, side effects and failure rate including Ocs, male	K	KH	V	Lecture, small group discussion, bedside	written/viva voce/skill	Community Medicine
	0021.1	contraception, emergency contraception and IUCD	1	1	•	clinics	assesment	Community Wedlenie
	OG21.1a		K	KH	V	Lecture	Written/ Viva voce	
hase 2	0021.1a	Enumerate the temporary and permanent methods of contraception	K	KII	1	Lecture	vv11tteti/ v1va v0ce	
hase 2	OG21.1b	Describe the selection of patients as per WHO Medical Eligibility criteria before giving contraceptive options	K	KH	Y	Lecture	Viva voce/ Skill	Community
hase 2	OG21.1c	Describe failure rates of different contraceptive methods	K	KH	Y	Lecture	Viva Voce	
hase 2		Enumerate methods available under National Family Welfare program	K	KH	Y	Lecture	Written/ Viva voce	
Phase 2		Describe the advantages, disadvantages, failue rate and mechanism of male barrier contraceptive	K	KH	Y	Lecture/ Small group	Written/ Viva voce	
Phase 2		Enumerate and describe the natural methods of contraception	K	KH	Y	Lecture/ Small group	written/viva voce	
Phase 3, Part 1	OG21.1g	Describe the various types of IUCD's, their mechanism of actions & durations of action, indications, contraindical		KH	Y	Lecture/ Small group	written/viva voce	
Phase 2	OG21.1h		K	KH	Y	Lecture/ Small group	written/viva voce	
		Classify hormonal methods of contraception				discussion		
Phase 2	0.004.41	Describe the classification and mechanism of action of combined OCP'S, contraindications, failure rate, side effec	K	KH	Y	Lecture/ Small group	written/viva voce	

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 1	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 3, 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 Phase 3, Part 2	OG25.1i	Identify clinical features of common causes of Secondary amenorrhea		KH	1	Small Group Discussion	Viva Voce		
Phase 3, Part 2	0 0 2 3 . 1 1	Choose investigations in a case of Secondary amenorrhea	K	KH	Y	Lecture	Written/Viva Voce		
	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)	Nıı	mber o	f prod	edure require certific	eation:(NIL)		
		Topics German injuries and installac	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 sui
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	discussion	written/viva voce		
Phase 3, Part 2		Classify perineal tears on the basis of severity	K	KH	N	Lecidic, sinair group	written/viva voce		
Phase 3, Part 2	OG 26.2d	Describe the clinical features of perineal tear	K	KH	N	Lecidie, sinain 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, sinair group	written/viva voce		
Phase 3, Part 2	OG 26.2j	Describe the clinical features in a case of vesico-vaginal andrectovaginal fistula.	K	KH	N	Leculie, sinain 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	Lectife, sinan group	written/viva voce		
		Topic: Genital infections Number of competencies: (04)			Nı	ımber of procedure ro	aquira cartification:	NII)	
		Describe and discuss the etiology, pathology, clinical features, differential diagnosis,			111	Lecture, small group	equire cerunication.		
Phase 3, Part 2	OG27.1	investigations, management and long term implications of sexually transmitted infections	K	KH	Y	discussion	written/viva voce		
DI 0 D 0	OG27.1a	Describe the etiology and pathogenesis of sexually transmitted infections	K	KH	Y	Lecture	Written/Viva Voce Written/Viva Voce	Microbiolo	NOV.
Phase 3, Part 2					1			Wherobiok	
Phase 3, Part 2		Discuss clinical features, differential diagnosis of sexually transmitted infections	K	KH	Y	Small group discussion	Viva Voce		Dermate
Phase 3, Part 2	OG27.1c OG27.1d	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		
Phase 3, Part 2	0027.10	Discuss the long term implications of sexually transmitted infections		KII		Sman group discussion	viva vocc		
								76.76* 3 * 3	og TB
Phase 3, Part 1	OG27.2	Describe and discuss the etiology, pathology, clinical features, differential diagnosis, investigations, management and long term implications of genital tuberculosis	K	КН	Y		written/viva voce	Microbiol 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, investigations, management and long term implications of HIV	K	KH	Y	Lecture,small group	written/viva voce	Microbiol	og Medicii

Phase 3, Part 2	OG27.3a	Describe and discuss the etiology and pathogenesis of HIV	K	KH	Y	Lecture	Written/ Viva Voce	
DI 2 D 42	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		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	
	UG21.4	investigations, management and long term implications of Pelvic Inflammatory Disease	K	KII	1	discussion	written/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	K	KH	Y	Small Group Discussion	Written/Viva Voce	
Phase 3, Part 2	OG27.4g	Discuss the long term sequelae of chronic Pelvic Inflammatory Disease	K	KH	Y	Small Group Discussion	Written/Viva Voce	
		Topic: Infertility Number of competencies: (04)	Niii	mher of	nroc	edure require certific	ation:(NIL)	
		1 tumber of competences (01)	1141		proc		(1 (12)	
		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	
	0020.1	induction, assisted reproductive techniques	IX	IXII	1	de clinics	Witten/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	+
_				KH	Y	Seminars	Viva Voce	
Phase 3, part 2		Discuss the indications and methods of ovulation induction	K					
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	K	K	11	de clinics	written/viva voce	
Dhaga 2 part 2	OG28.2a	Enumerate and describe the methods for assessment of tubal patency	T/	K	N	seminars/ bedside clinics	written/viva voce	
Phase 3, part 2		^	K					
Phase 3, part 2	OG28.2b	Enlist indications and contraindications for tuboplasty	K	K	N	seminars/ bedside clinics	Viva voce	
Phase 3, part 2 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	Written	
Phase 3, part 2	OG28.2b	Enlist indications and contraindications for tuboplasty	K	K	- '			
Phase 3, part 2 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 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	N N	seminars/ bedside clinics Lecture, seminars, bedsid Lecture, seminars, bedsi	Written Viva voce	
Phase 3, part 2 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 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	К К К	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 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 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 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	К К К	K K K KH	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 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	К К К К К К	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 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	K K K K K K K K K K K K K K K K K K K	N N N Y Y Y Y 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	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	К К К К К К	К К К КН КН КН	N N N Y Y Y Y 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 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	K K K K K K K K K K K K K K K K K K K	N N N Y Y Y Y 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 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	K K K K K K K K K K K K K K K K K K K	N N N Y Y Y Y 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 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	K K K K K K K K K K K K K K K K K K K	N N N Y Y Y Y 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	N	Lectures, seminars. beasi	written/viva voce		T
Phase 3, part 2	OG28.4b	Discuss indications and technique of IUI	K	K	N	Seminar/ Bedside clinics	Viva Voce		
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 offerly 1651, emeryo/occyte domation and gestational surrogacy.	11	11	1	Semmeer	717a 7 000		
		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/		<u> </u>
		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		
							ASPSIIPII		
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/		<u> </u>
							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		
							Aggaggmant		<u> </u>
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	1	Theory, Viva Voce Theory, Viva Voce		
7 1430 3, 7 472	0030.20	Disease the management of a case of hyperanarogement	11	1111	1,	Silian Group Biscussion	Theory, viva voce		<u> </u>
		Topic: Uterine prolapse Number of competencies: (01)	N	Jumber	of pr	ocedure require certi	fication:(NIL)		
		1 (minor of components) (v2)			or pr		(1 (122)		
	OG31.1	Describe and discuss the etiology, classification, clinical features, diagnosis, investigations,	K/S	KH	Y	Lecture/bedside clinics	Written/ Viva Voce/		
	0 30111	principles of management and preventive aspects of prolapse of uterus				200020, 2000200 022000	Skill Assessment		
	1								<u> </u>
DI 2 D 1	0021.1		77	7777	***	T ,	(Tri)		
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 Small Crown Discussion	Theory		
Phase 3, Part1 Phase 3, Part2	OG31.1d	Describe & discuss the clinical features of UV Prolapse Discuss the diagnosis & investigations of Prolapse	K	S KH	Y	Small Group Discussion,	Viva Voce Viva Voce		
Phase 3, Part2 Phase 3, Part2	OG31.1d OG31.1e	Discuss the diagnosis & investigations of Prolapse Discuss the principles of conservative (Non surgical) management of Prolapse	K K	KH	V	Small Group Discussion, Small Group Discussion,	Viva Voce Viva Voce		+
Phase 3, Part2 Phase 3, Part2	OG31.16	Discuss the principles of conservative (Non surgical) management of Prolapse Discuss the principles of surgical management of Prolapse	K	KH	V	Small Group Discussion, Small Group Discussion,	Viva Voce Viva Voce		
i nase 3, fait2	0031.11	Discuss the himerbies of surficer management of Lingbag		ΙЛΠ	1	Isman Group Discussion,	viva voce		<u> </u>

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>	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 Tullibel 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		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		
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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	
Thase 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	T 1	Deusiue Clinics	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	D		•	DOM Session	OKIII discissificiti			
Phase 3 part 2	OG35.15a	Describe various types of and indications/ contraindications 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			
		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			
		Free free control of the first							·	+
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	Y	Small Group Discussion	Written			+
Phase 3 part 2		Enumerate the differenting features between placenta previa and abruptio placantae	K	KH	Y	Small Group Discussion	skill assessment			+
Phase 3 part 2	_	Diagnose a case of APH and its likely cause in a simulated environment	S	SH	Y	DOAP Session	skill assessment			
Phase 3 part 2		Discuss assessment of degree/ severity of hemorrhagic shock	S	SH	Y	DOAP Session	skill assessment			+
Phase 3 part 2		Enumerate blood products and its replacement in accordance to severity of shock	K	KH	Y	Small Group Discussion	skill assessment			_
Phase 3 part 2		Describe step wise general supportive management of any kind of obstetric hemorrhage	S	SH	V	DOAP Session	Viva Voce			+
Phase 3 part 2		Demonstrate emergency management for a case of APH in a simulated environment	S	SH	Y	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	V	DOAP Session	Log Book			+
Phase 3 part 2		Describe the stepwise approach for management of PPH	S	SH	V	Small Group Discussion	Viva Voce			+
Phase 3 part 2		Demonstrate emergency management for a case of PPH in a simulated environment	S	SH	V	DOAP Session	Log Book			+
Thase 5 part 2	0033.1011	Demonstrate emergency management for a case of FFTI in a simulated environment	S .	511	1	DOAI Session	Log Book			+
		Demonstrate the correct technique of urinary catheterisation in a								+
Phase 2	OG35.17		\mathbf{S}	SH	Y	DOAP session	Skill assessment			
		simulated/ supervised environment								+
Dhaga 2	OC25 170	Enymomete the indications of uninemy authoromization	V	VII	V	Cmall amoun discussions	Vivo Voca			+
Phase 2		Enumerate the indications of urinary catheterization	K S	KH	Y	Small group discussions	Viva Voce			+
Phase 2		Identify different types of urinary catheters and their indications		SH		Bedisde clinics	Skill assessment			
Phase 2		Enumerate steps of insertion of Foley's catheter	S	SH	Y	DOAP	Skill assessment			+
Phase 2	UG35.170	Demonstrate supervised insertion of Foley's catheter during unit ward postings/ elective OT	S	SH	Y	DOAP	Skill assessment			
			(0.2)	<u> </u>		NI I G		000 40 0		+
		Topic: Obstetrics & Gynecological skills-II Number of competencies:	U3)			Number of pro	cedure require cert	incation:	NIL)	
		Plan and institute a line of treatment which is need based,cost effective and appropriate for								+
Phase 3, part 2	OG36.1	common conditions taking into consideration (a) patient (b) disease (c) socio economic status (d)	K/S	SH	Y	Bedside clinics, small	Clinical			
Thase 5, part 2	0030.1	institution/Governemnt guidelines	IX/D		•	group discussions	assessment/viva voce			
		institution Government guidennes								+
		Describe various gynaecological conditions where different treatment options need to be tailored								
Phase 3, part 2	OG36.1a	according to need and cost effective approach	K	SH	Y	small group discussions	viva voce			
	1	Plan and institute an appropriate line of treatment for a case of PID which is tailored according to the								†
Phase 3, part 2	OG36.1b	patient, her socio economic status and institutional guidelines	S	SH	Y	Bedside Clinics	Clinical assessment			
Phase 3, part 2	OG36.1c	Plan and institute an appropriate line of management for a case of recurrent pregnancy loss		1						+
Phase 3, part 2		Plan and institute an appropriate line of management for a case of anaemia in pregnancy		1						+
1 11a50 5, part 2	0030.10	I am and motitude an appropriate fine of management for a case of anacima in pregnancy								+
i										

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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 wentire 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	I	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 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 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 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 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		