

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
**दिल्ली विश्वविद्यालय**

AC-25.01.2023

Appendix-68

Page No.  
पृष्ठ संख्या

**MINUTES**


A meeting of the Committee of Courses & Studies in the Department of Forensic Medicine was held on Wednesday the 20<sup>th</sup> April, 2022 at 11.00 AM in the Committee Room, Faculty of Medical Sciences, 7<sup>th</sup> Floor, VPCI Building, University of Delhi, Delhi - 110007.

The following members were present:

1.	Dr. N.K. Aggarwal, Head, Deptt of Forensic Medicine, DU C/o UCMS - 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
8.	Dr. Sukhdeep Singh, Senior Professor, Department of Forensic Medicine, LHMC - Member
9.	Dr. Satish Kumar Verma, Sr. Most Teacher, Department of Forensic Medicine, UCMS - Member

1. The Committee recommended the new MBBS 3<sup>rd</sup> 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. Aggarwal  
(Chairperson)

# FORENSIC MEDICINE

ANNEXURE - 01

FORENSIC MEDICINE INCLUDING TOXICOLOGY (CODE: FM)

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

228

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

229



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

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

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

232

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

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

234

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

*[Signature]*

*[Signature]* *[Signature]* *[Signature]*

*[Signature]*

235

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

236

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

237



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

238

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

239

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

240

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

241

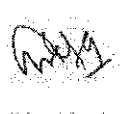

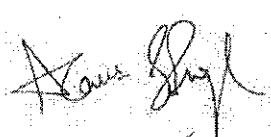
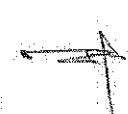
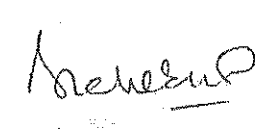
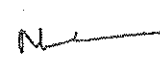

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SNIP	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
<b>Topic: Emerging technologies in Forensic Medicine</b> <span style="float: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

242



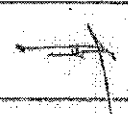
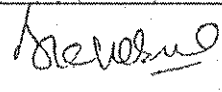
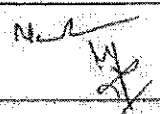
Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical Integration	Horizontal Integration
FM8.7	Describe simple Bedside clinic tests to detect poison/drug in a patient's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

243

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

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



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

246

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

247

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core (Y/N)	Suggested Teaching Learning method	Suggested Assessment method	Number required to certify P	Vertical integration	Horizontal Integration
FM14.16	To examine & prepare medico-legal report of a person in police, judicial custody or referred by Court of Law and violation of human rights as requirement of NHRC, who has been brought for medical examination	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.19	To identify & prepare medico-legal inference from histo-pathological slides of Myocardial Infarction, pneumonitis, tuberculosis, brain infarct, liver cirrhosis, brain haemorrhage, bone fracture, Pulmonary oedema, brain oedema, soot particles, diatoms & wound healing	S	KH	Y	Small group discussion, DOAP session	Log book/ Skill station/ Viva voce			
FM14.20	To record and certify dying declaration in a simulated/ supervised environment	S	KH	Y	Small group discussion, Role Play, Bed side clinic DOAP session	Log book/ Skill station/ Viva voce / OSCE			
FM14.21	To collect, preserve, seal and dispatch exhibits for DNA-Finger printing using various formats of different laboratories.	S	KH	Y	Small group discussion, Lecture	Log book/ Skill station/Viva voce			
FM14.22	To give expert medical/ medico-legal evidence in Court of law	S	KH	Y	Small group discussion, Lecture, DOAP session, role play, Court Visits	Log book/ Viva voce/OSCE			
Column C: K- Knowledge, S - Skill, A - Attitude / professionalism, C- Communication. Column D: K - Knows, KH - Knows How, SH - Shows how, P- performs independently, Column F: DOAP session - Demonstrate, Observe, Assess, Perform. Column H: If entry is P: Indicate how many procedures must be done independently for certification/ graduation									
<b>Integration</b>									
<b>Human Anatomy</b>									
AN14.3	Describe the importance of ossification of lower end of femur & upper end of tibia	K	KH	Y	Lecture	Viva voce/Practicals		Forensic Medicine	

## 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. 1 (Annexure 01)

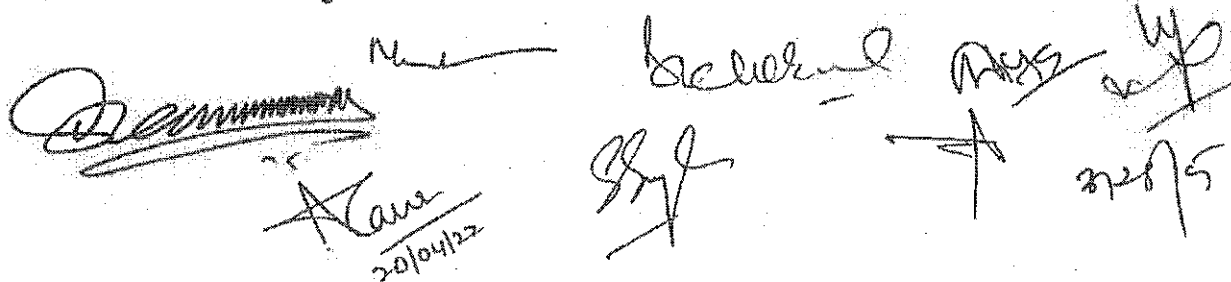
4. Recommended Teaching Hours for Forensic Medicine & Toxicology Teaching  
Second Professional teaching hours

Total: 50

Lectures:15

Practicals:30

Self Directed Learning:05

The bottom of the page contains several handwritten signatures and dates. On the left, there is a large, stylized signature. Below it, the name 'Kane' is written with the date '20/04/22'. To the right of this, there are several other signatures, including one that appears to be 'S. J.' and another that is more cursive. The date '20/5' is also visible on the right side.

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>)

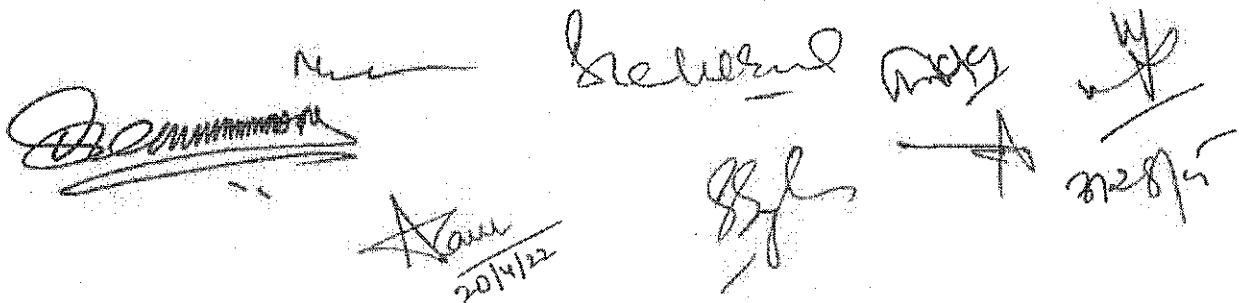
The teaching learning methods, assessment tools, horizontal and vertical integration will be based on the documents from NMC)

Teaching Learning Methods will include methods meant for both large 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

The bottom of the page contains several handwritten signatures and dates. On the left, there is a large, stylized signature. In the center, there is a signature with the date '20/11/22' written below it. To the right of this, there are several other signatures, some of which are more legible than others. The signatures appear to be from different individuals, possibly faculty members or administrators.

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

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

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

Part-I: Multiple Choice Questions : Twenty in number (20 Marks)

Part-II: Short Notes based on findings, interpretations and medicolegal scenarios:  
(4 x 6 Marks =24 Marks)

Part-III: 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/ Toxicology (2 x 6 Marks=12 Marks)

Practical and Viva Voice Format:

Practicals: 80 Marks

Viva Voice: 20 Marks

A. Practical:

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

*[Handwritten signatures and notes at the bottom of the page, including "Nar", "My", "Sh", "med/5", and a date "20/04/22"]*

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

*[Signature]*

*[Signature]*

*Rachael* *Miss* *[Signature]*  
*Sgt* *[Signature]* *[Signature]*

*Aau*  
20/04/22

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
दिल्ली विश्वविद्यालय

Page No.  
पृष्ठ संख्या

**MINUTES**

A meeting of the Committee of Courses & Studies in the Department of Ophthalmology was held on **Wednesday, the 09<sup>th</sup> November, 2022 at 2:30 p.m.** in the Committee Room, Faculty of Medical Sciences, 7<sup>th</sup> 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:

*Curriculum was finalized as per annexure and NMC guidelines were implemented in Delhi University affiliated medical colleges by consensus of all members.*

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

*[Signature]*  
Prof. Rajiv Garg  
(Chairperson)

*[Signature]*  
(DR ZIA CHAUDHURI)

*[Signature]*  
(Prof. SK Mishra)

*[Signature]*  
9/11/22

*[Signature]*  
9-11-22



# OPHTHALMOLOGY

Undergraduate Curriculum based on CBME by NMC dated 09.11.2022						
LHMC, UCMS & MAMC						
Department of Ophthalmology						
Assessment Log book to be maintained by the student						
S. No	Competency	Core skill	Type of Teaching	Level	Assessment	Integration
<b>Visual Acuity Assessment</b>						
OP1.1	Describe the physiology of vision	Y	L (1)	KH	W/V	Physiology (V)
OP1.2	Define, classify and describe the types and methods of correcting refractive errors	Y	L (2), SGD (1)	KH	W/V	
OP1.4	Enumerate the indications and describe the principles of refractive surgery	Y	L (1)	KH	W/V	
OP1.5	Define, enumerate the types and the mechanism by which strabismus leads to amblyopia	Y	L (1)	KH	W/V	
OP1.3	Demonstrate the steps in performing the visual acuity assessment for distance vision, near vision, colour vision, the pin hole test and the menace and blink reflexes	Y	DOAP (1)	S/SH	logbook	Visual acuity assessment to be certified
<b>Lid and adnexa, orbit</b>						
OP2.1	Enumerate the causes, describe and discuss the aetiology, clinical presentations and diagnostic features of common conditions of the lid and adnexa including Hordeolum externum/ internum, blepharitis, preseptal cellulitis, dacryocystitis, hemangioma, dermoid, ptosis, entropion, lid lag, lagophthalmos	Y	L (3), SGD (1)	KH	W/V	Anatomy (V)
OP2.4	Describe the aetiology, clinical presentation. Discuss the complications and management of orbital cellulitis	Y	L (1)	KH	W/V	
OP2.5	Describe the clinical features on ocular examination and management of a patient with cavernous sinus thrombosis	Y		KH	W/V	
OP2.6	Enumerate the causes and describe the differentiating features, and clinical features and management of proptosis	Y	L (1), SGD (1)	KH	W/V	
OP2.7	Classify the various types of orbital tumours. Differentiate the symptoms and signs of the presentation of various types of ocular tumours	Y	L (1), SGD (1)	KH	W/V	
OP2.8	List the investigations helpful in diagnosis of orbital tumors. Enumerate the indications for appropriate referral	Y	L (1)	KH	W/V	
OP2.2	Demonstrate the symptoms & clinical signs of conditions enumerated in OP2.1	Y	DOAP (1)	S	Skill assessment	
OP2.3	Demonstrate under supervision clinical procedures performed in the lid including: Beils phenomenon, assessment of entropion/ ectropion, perform the regurgitation test of lacrimal sac, massage technique in cong. dacryocystitis, and trichiatric cilia removal by epilation	Y	DOAP (1)	SH	Skill Assessment	
<b>Conjunctiva</b>						
OP3.3	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications, and management of various causes of conjunctivitis	Y	L (1), SGD(1)	KH	W/V	
OP3.4	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of trachoma.	Y	L (1)	KH	W/V	
OP3.5	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of vernal catarrh	Y	L (1)	KH	W/V	
OP3.6	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of pterygium	Y	L(1)	KH	W/V	
OP3.7	Describe the aetiology, pathophysiology, ocular features, differential diagnosis, complications and management of symblepharon	Y		KH	W/V	
OP3.1	Elicit document and present an appropriate history in a patient presenting with a "red eye" including congestion, discharge, pain	Y	DOAP (1)	SH	Skill Assessment	
OP3.2	Demonstrate document and present the correct method of examination of a "red eye" including vision assessment, corneal lustre, pupil abnormality, ciliary tenderness	Y	DOAP (1)	SH	Skill Assessment	

Parrot

Dr. Parrot

Dr. Parrot



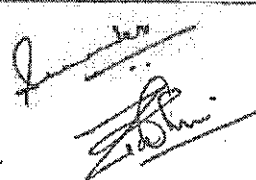
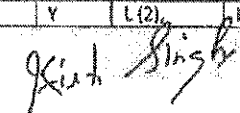

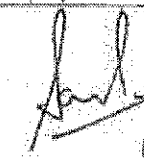
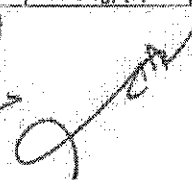
Dr. Parrot

Dr. Parrot

Dr. Parrot

Dr. Parrot

OP3.8 OP3.9 OP4.8	Demonstrate correct technique of removal of foreign body from the eye in a simulated environment and Demonstrate 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)	Y	DOAP (1)	SH	Skill Assessment	
<b>Cornea</b>						
OP4.1	Enumerate, describe and discuss the types and causes of corneal ulceration	Y	L (1), SGD (1)	KH	W/V	Anatomy (V)
OP4.7	Enumerate the indications and describe the methods of tarsorrhaphy	Y		KH	W/V	OP4.7
OP4.2	Enumerate and discuss the differential diagnosis of infective keratitis	Y	L (1), SGD(1)	KH	W/V	
OP4.3	Enumerate the causes of corneal edema	Y	L (1),	KH	W/V	
OP4.6	Enumerate the indications and the types of keratoplasty	Y		KH	W/V	
OP4.4	Enumerate the causes and discuss the management of dry eye	Y	L (1)	KH	W/V	
OP4.5	Enumerate the causes of corneal blindness	Y	L (1), SGD (1)	KH	W/V	
OP4.9	Describe and discuss the importance and protocols involved in eye donation and eye banking	Y		KH	W/V	
OP4.10	Counsel patients and family about eye donation in a simulated environment	Y	DOAP (1) including role play	SH	Skill Assessment	
<b>Sclera</b>						
OP5.1	Define, enumerate and describe the aetiology, associated systemic conditions, clinical features complications Indications for referral and management of episcleritis	Y	L (1)	KH	W/V	Medicine (V)
OP5.2	Define, enumerate and describe the aetiology, associated systemic conditions, clinical features, complications, indications for referral and management of scleritis	Y		KH	W/V	
<b>Iris and Anterior Chamber</b>						
OP6.1	Describe clinical signs of intraocular inflammation and enumerate the features that distinguish granulomatous from non-granulomatous inflammation. Identify acute iridocyclitis from chronic condition	Y	L (2), SGD (1)	KH	W/V	
OP6.2	Identify and distinguish acute iridocyclitis from chronic iridocyclitis	Y		KH	W/V	
OP6.8	Enumerate and choose the appropriate investigation for patients with conditions affecting the Uvea	Y		KH	W/V	
OP6.3	Enumerate systemic conditions that can present as iridocyclitis and describe their ocular manifestations	Y	L (1)	KH	W/V	Medicine (H)
OP6.4	Describe and distinguish hyphema and hypopyon	Y	SGD(1)	KH	W/V	
OP6.5	Describe and discuss the angle of the anterior chamber and its clinical correlates	Y	L(3), SGD(1)	KH	W/V	
OP6.7	Enumerate and discuss the aetiology, the clinical distinguishing features of various glaucomas associated with shallow and deep anterior chamber. Choose appropriate investigations and treatment for patients with above conditions.	Y		KH	W/V	Anatomy (V)
OP6.9	Choose the correct local and systemic therapy for conditions of the anterior chamber and enumerate their indications, adverse events and interactions	Y	L (3)	KH	W/V	
OP6.6	Identify and demonstrate the clinical features and distinguish and diagnose common clinical conditions affecting the anterior chamber	Y	DOAP (1)	SH	Skill Assessment	
OP6.10	Counsel patients with conditions of the iris and anterior chamber about their diagnosis, therapy and prognosis in an empathetic manner in a simulated environment	Y	DOAP (1)	SH	Skill Assessment	
<b>Lens</b>						
OP7.1	Describe the surgical anatomy and the metabolism of the lens	Y	L (1)	KH	W/V	Anatomy, (V) Biochemistry
OP7.2	Describe and discuss the aetio-pathogenesis, stages of	Y	L (2)	KH	W/V	Pathology (V)

	maturation and complications of cataract		SGD(1)			
OP7.4	Enumerate the types of cataract surgery and describe the steps, intra-operative and post-operative complications of extracapsular cataract extraction surgery.	Y	L (1)	KH	W/V	
OP7.3	Demonstrate the correct technique of ocular examination in a patient with a cataract	Y	DOAP (1)	SH	Skill Assessment	
OP7.5	To participate in the team for cataract surgery	Y	DOAP (1)	SH	Skill Assessment / Logbook	
OP7.6	Administer informed consent and counsel patients for cataract surgery in a simulated environment	Y	DOAP(1)	SH	Skill Assessment	
<b>Retina and Optic Nerve</b>						
OP8.1	Discuss the aetiology, pathology, clinical features and management of vascular occlusions of the retina	Y	L (1)	KH	W/V	Anatomy, (V) Pathology
OP8.2	Enumerate the indications for laser therapy in the treatment of retinal diseases (including retinal detachment, retinal degenerations, diabetic retinopathy & hypertensive retinopathy)	Y	L (1)	K	W/V	
OP8.4	Enumerate and discuss treatment modalities in management of diseases of the retina	Y	L (2)	KH	W/V	
OP8.5	Describe and discuss the correlative anatomy, aetiology, clinical manifestations, diagnostic tests, imaging and management of diseases of the optic nerve and visual pathway	Y	L (2), SGD	KH	W/V	Pupil assessment to be certified
OP8.3	Demonstrate the correct technique of a fundus examination and describe and distinguish the funduscopic features in a normal condition and in conditions causing an abnormal retinal exam	Y	SGD (1)	SH	Skill Assessment	
<b>Miscellaneous</b>						
OP9.2	Classify, enumerate the types, methods of diagnosis and indications for referral in a patient with heterotropia/ strabismus	Y	L (2)	KH	W/V	
OP9.3	Describe the role of refractive error correction in a patient with headache and enumerate the indications for referral	Y	L (1)	K	W/V	Medicine (H)
OP9.4	Enumerate, describe and discuss the causes of avoidable blindness and the National Programs for Control of Blindness (including vision 2020)	Y	L (1)	KH	W/V	
OP9.5	Describe the evaluation and enumerate the steps involved in the stabilisation, initial management and indication for referral in a patient with ocular injury	Y	L(2)	KH	W/V	
OP9.1	Demonstrate the correct technique to examine extra ocular movements (Unicocular & Binocular)	Y	DOAP (1)	P	Skill Assessment	Performance certification required
<b>Integrated Classes</b>						
<b>With Anatomy modules (when they take these classes)</b>						
AN30.5	Explain effect of pituitary tumours on visual pathway	N	L, SGD	KH	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 abducent nerve palsies along with strabismus	Y	L, SGD	KH	W/V	
AN41.1	Describe & demonstrate parts and layers of eyeball	Y	L/LD, DOAP	SH	W/V	
AN41.2	Describe the anatomical aspects of cataract, glaucoma & central retinal artery occlusion	N	L, SGD	KH	W/V	
AN41.3	Describe the position, nerve supply and actions of intraocular muscles and extraocular muscles	N	L, SGD	KH	W/V	
<b>With Physiology modules (when they take these classes)</b>						
PY10.17	Describe and discuss functional anatomy of eye, physiology of image formation, physiology of vision including colour vision, Refractive errors, colour blindness, Physiology of pupil and light reflex	Y	L, SGD	KH	W/V	
PY10.18	Describe and discuss the physiological basis of lesion in visual pathway	Y	L, SGD	KH	W/V	

*Parent* *for* *Kulbph* *for* *for* *for* *for*

PY10.19	Describe and discuss auditory & visual evoke potentials	Y	L, SGD	KH	W/V	
PY10.20	Demonstrate testing of visual acuity, colour and field of vision in volunteer/ simulated environment	Y	L, DOAP	P	Skill Assessment	
With Pathology modules (when they take these classes)						
PA36.1	Describe the etiology, genetics, pathogenesis, pathology, presentation, sequelae and complications of retinoblastoma	N	L, SGD	KH	W/V	
With Pharmacology modules (when they take these classes)						
PH1.58	Describe drugs used in Ocular disorders	Y	L, SGD	KH	W/V	
With General Medicine modules (when they take these classes)						
IM24.15	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vision and visual loss in the elderly	Y	L, SGD	KH	W/V	

*[Signature]*

*Kish Singh*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

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

#### OPHTHALMOLOGY

#### TEMPLATE OF THEORY EXAMINATION PAPER

##### 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 4<sup>th</sup> 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).

Parrot  
10.1.23

10/01/2023

10/1/23

10/1/23

### Template for Theory examination paper

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

**Table: Template of theory paper of 100 marks**

Part	Type of question	Number of questions	Marks per question	Total marks
A	MCQ	20	1	20
B	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
			<b>Total marks</b>	<b>100</b>

\* 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
<b>Total marks</b>	<b>100</b>

### 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.

10/1/23

Part  
10.1.23

10/01/2023

10/1/23 7

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

#### **MCQs:**

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

#### **Long Answer Questions (LAQ)**

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

#### **Short Answer Questions (SAQ)**

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

Pam  
10.1.23

10/01/2023

John

10/1/23

10/1/23

**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:

Question stem

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

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

*12/1/23*  
*Part*  
*10.1.23*

*10/01/2023*

*10/1/23*



### 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

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
 दिल्ली विश्वविद्यालय

Page No.  
 पृष्ठ संख्या

MINUTES

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

The following members were present:

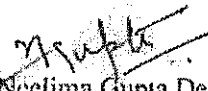
1.	Dr. Neelima Gupta, ENT, UCMS - Chairperson
2.	Dr. Ishwar Singh, Deptt of ENT, MAMC
3.	Dr. A. Chakravarti, Deptt of ENT, LHMC


The Committee considered and recommended the following:


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

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

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

  
 Dr. Neelima Gupta, Deptt  
 of ENT, UCMS  
 Chairperson

  
 Dr. Ishwar Singh  
 Deptt of ENT, MAMC

  
 Dr. A. Chakravarti  
 Deptt of ENT, LHMC

# OTORHINOLARYNGOLOGY (ENT)

Annexure I

Undergraduate curriculum based on CBME by NMC dated 13/12/2022						
UCMS						
Department of Otorhinolaryngology						
Assessment Logbook to be maintained by Student						
S No.	Competency	Core Skill	Type of Teaching	Level	Assessment	Integration
Anatomy and Physiology of ear, nose, throat, head & neck						
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/Skill Assessment	Physiology (V), Pathology (V)
Clinical Skills						
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	
EN2.2	Demonstrate the correct use of a headlamp in the examination of the ear, nose and throat	Y	Bedside clinic, DOAP session	SH	Skill Assessment	
EN2.3	Demonstrate the correct technique of examination of the ear including Otoscopy	Y	Bedside clinic, DOAP session	SH	V/Skill Assessment	
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 session	SH	V/Skill Assessment/OSCE	

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*  
23/12/22

EN2.6	Demonstrate the correct technique of examining the throat including the use of a tongue depressor	Y	Bedside clinic, DOAP session	SH	Skill Assessment	
EN2.7	Demonstrate the correct technique of examination of neck including elicitation of laryngeal crepitus	Y	Bedside clinic, DOAP session	SH	Skill Assessment	
EN2.8	Demonstrate the correct technique to perform and interpret pure tone audiogram & impedance audiogram	Y	Bedside clinic, DOAP session	SH	V/Skill Assessment/OSCE	
EN2.9	Choose correctly and interpret radiological, microbiological & histological investigations relevant to the ENT disorders	Y	LGD, SGD, Bedside clinic, DOAP session	SH	W/V/Skill Assessment	
EN2.10	Identify and describe the use of common instruments used in ENT surgery	Y	LGD, SGD, Bedside clinic, DOAP session	SH	Skill Assessment/OSCE	
EN2.11	Describe and identify by clinical examination malignant & pre-malignant ENT diseases	Y	LGD, SGD	SH	W/V/Skill Assessment	Dentistry (H), Dermatology (H)
EN2.12	Counsel and administer informed consent to patients and their families in a simulated environment	Y	Bedside clinic, DOAP session	SH	Skill Assessment/OSCE	
EN2.13	Identify, resuscitate and manage ENT emergencies in a simulated environment (including tracheostomy, anterior nasal packing, removal)	Y	SGD, Bedside clinic, DOAP session	SH	Skill Assessment/OSCE	
EN2.14	Demonstrate the correct technique to instilling topical medications into the ear, nose and throat in a simulated environment	Y	Bedside clinic, DOAP session	SH	Skill Assessment	
EN2.15	Describe the national programs for prevention of deafness, cancer, noise & environmental pollution	Y	SGD, SDL	SH	W/V	Community Medicine (V)
Diagnostic and Therapeutic procedures in ENT						

*Huph*

*QJ*

EN3.1	Observe and describe the indications for and steps involved in the performance of Otomicroscopic examination in a simulated environment	N	SGD, Bedside clinic , DOAP session	KH	W/V	
EN3.2	Observe and describe the indications for and steps involved in the performance of diagnostic nasal Endoscopy	N	SGD, Bedside clinic , DOAP session	KH	W/V	
EN3.3	Observe and describe the indications for and steps involved in the performance of Rigid/Flexible Laryngoscopy	N	SGD, Bedside clinic	KH	W/V	
EN3.4	Observe and describe the indications for and steps involved in the removal of foreign bodies from ear, nose & throat	N	SGD, Bedside clinic , DOAP session	KH	W/V	
EN3.5	Observe and describe the indications for and steps involved in the surgical procedures in ear, nose & throat	N	SGD, Bedside clinic	KH	W/V	
EN3.6	Observe and describe the indications for and steps involved in the skills of emergency procedures in ear, nose & throat	N	SGD, Bedside clinic	KH	W/V	
<b>Management of diseases of ear, nose &amp; throat</b>						
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 Otagia	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.2	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of diseases of the external Ear	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.3	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of ASOM	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)

*Handwritten signatures:* *7/10/11* *John or Singh*

*Handwritten signature:* *J*

*Handwritten signature:* *SA*

*Handwritten signature:* *[Signature]*

EN4.4	Demonstrate the correct technique to hold visualize and assess the mobility of the tympanic membrane and its mobility and interpret and interpret and diagrammatically represent the findings	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.5	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of OME	Y	SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	Paediatrics (V)
EN4.6	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Discharging Ear	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.7	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of CSOM	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	Y	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)

*Handwritten signatures and initials:*  
 7/10/14  
 SPX 

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	W/V	
EN4.17	Enumerate the indications and interpret the results of an audiogram	Y	SGD, DOAP session, Bedside clinic	SH	V/Skill assessment	
EN4.18	Describe the clinical features, investigations and principles of management of Facial Nerve palsy	Y	LGD, SGD, Bedside clinic	KH	W/V/Skill Assessment	
EN4.19	Describe the clinical features, investigations principles of management of Vertigo	Y	SGD, Bedside clinic	KH	W/V/Skill Assessment	
EN4.20	Describe the clinical features, investigations principles of management of Meniere's Disease	N	LGD	KH	W/V/Skill Assessment	
EN4.21	Describe the clinical features, investigations principles of management of Tinnitus	Y	SGD	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	Y	LGD	SH	W/V/Skill Assessment	







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	W/V	
EN4.25	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Nasal Polyps	Y	LGD, SGD, DOAP session, Bedside clinic	SH	W/V/Skill Assessment	
EN4.26	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 Allergic Rhinitis	Y	LGD	SH	W/V/Skill Assessment	Paediatrics (V)
EN4.28	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of squamosal type of Vasomotor Rhinitis	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 describe the clinical features, choose the correct investigations and	Y	LGD, SGD, Bedside clinic	SH	W/V/Skill Assessment	

*7/10/18*

*Q* *[Signature]*



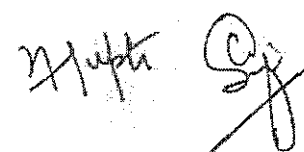
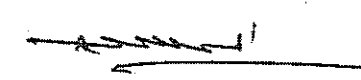
	describe the principles of management of squamosal type of Epistaxis					
EN4.31	Describe the clinical features, investigations and principles of management of trauma to the face & neck	N	SGD	KH	W/V	
EN4.32	Describe the clinical features, investigations and principles of management of nasopharyngeal Angiofibroma	Y	LGD	KH	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	Y	LGD, SGD, Bedside clinic	SH	W/V/Skill Assessment	
EN4.34	Describe the clinical features, investigations and principles of management of Tumors of Maxilla	Y	LGD	KH	W/V	
EN4.35	Describe the clinical features, investigations and principles of management of Tumors of Nasopharynx	N	LGD	KH	W/V/Skill Assessment	
EN4.36	Describe the clinical features, investigations and principles of management of diseases of the Salivary glands	N	SGD	KH	W/V/Skill Assessment	
EN4.37	Describe the clinical features, investigations and principles of management of Ludwig's angina	Y	SGD	KH	W/V/Skill Assessment	
EN4.38	Elicit document and present a correct history demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of type of dysphagia	Y	SGD	SH	W/V/Skill Assessment	
EN4.39	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and	Y	LGD, SGD, Bedside clinic, DOAP	SH	W/V/Skill Assessment	

Dhwar Singh

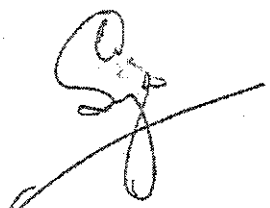

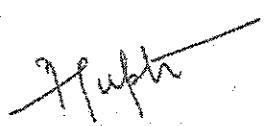
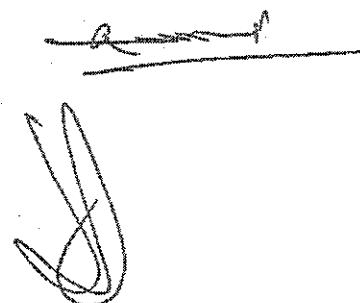
Sya

7/11/20

	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 tonsillectomy / adenoidectomy	Y	SGD	KH	W/V	
EN4.41	Describe the clinical features, investigations and principles of management of Acute & chronic abscesses in relation to Pharynx	Y	SGD	KH	W/V	
EN4.42	Elicit, document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of hoarseness of voice	Y	LGD, SGD, Bedside clinic	SH	W/V/Skill Assessment	
EN4.43	Describe the clinical features, investigations and principles of management of Acute & Chronic Laryngitis	Y	LGD, SGD, Bedside clinic	KH	W/V	
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 of management of Vocal cord palsy	N	LGD	KH	W/V/Skill Assessment	
EN4.46	Describe the clinical features, investigations and principles of management of Malignancy of the Larynx & Hypopharynx	Y	LGD	KH	W/V/Skill Assessment	
EN4.47	Describe the clinical features, investigations and principles of management of Stridor	Y	LGD, SGD	KH	W/V/Skill Assessment	Paediatrics (V)
EN4.48	Elicit document and present a correct history, demonstrate and describe the clinical features, choose the correct investigations and describe the principles of management of Airway Emergencies	Y	SGD	SH	W/V/Skill Assessment	Paediatrics (V)

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

## 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 x 5 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

*7/1/23*

*7/1/2013*

*Jshwar Singh*  
*7/1/23*

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

*7/1/23*

*Dishwan Singh*  
*7/1/23*

*7/1/2023*

MINUTES

A meeting of the Committee of Courses & Studies in the Department of Community Medicine was held on Thursday, the 08<sup>th</sup> September, 2022 at 2:30 p.m. in the Committee Room, Faculty of Medical Sciences, 7<sup>th</sup> 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
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 Upadhyay, Deptt of Community Medicine, UCMS

The Committee considered and recommended the following:

The committee met and discussed the curriculum of Department of Community Medicine (Part III, Part I & II) based on CME for MBBS course. The recommendations were as follows:

I. The committee unanimously approved the following:

1. Vision and goals of CME, MBBS curriculum
2. Topics, competencies and specific learning objectives
3. Distribution of internal Assessment marks. +
4. Division of topics for theory paper I & II
5. Template of theory examination papers for summative assessment
6. Pattern of practical examination for summative assessment
7. Recommended readings
8. Log book for undergraduates as per CME.

Annexure I

Annexure II

Annexure III

Annexure IV

Annexure V

II. Dr. Rasania the problem posed due to recruitment of a faculty member who was a supervisor for a PG thesis. It was decided that case would be put up for committee to be a supervisor.

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

Prof. Nandini Sharma  
(Chairperson)

# COMMUNITY MEDICINE

3-4

## Vision of Community Medicine:

Anneume I

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.

## 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

Maq

Barinam

Nazish

B

Star

Star

Star

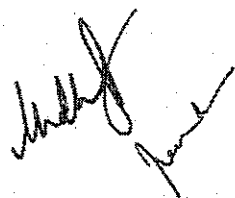
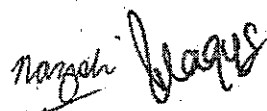
Star

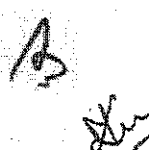
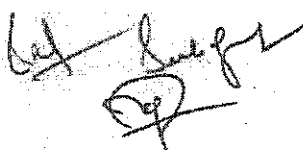
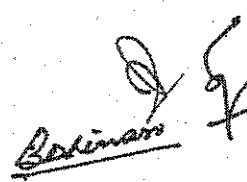
10647

Annexure I

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

No. (A)	Topics, Competencies and Specific Learning Objectives (B)	Domain K/S/A/C (C)	Level K/KH/SH/P (D)	Core Y/N (E)	Suggested T/L method (F)	Suggested Assessment Method (G)	Vertical Integration (H)	Horizontal Integration (I)
<p align="center"><b>Topic: Concept of Health and Disease</b>  <b>Number of competencies (indicated by CM here): (10)</b>  <b>At the end of the session the student shall be able to:</b></p>								
CM 1.1	Define and describe the concept of public health							
SLO 1.1.1	Explain the concept of health and disease	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.1.2	Describe the changing trends of health and disease	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.1.3	Define and describe evolution of Public health	K	K	Y	Lecture	Written/ Viva voce		
CM 1.2	Define Health, describe the concept of holistic health including concept of spiritual health and relativeness and determinants of health							
SLO 1.2.1	Know WHO definition of health and dimensions of health	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.2.2	Explain the concept and indices of well being	K	K	Y	Lecture	Written/ Viva voce		



SLO 1.2.3	Describe spectrum of health	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.2.4	Enumerate and describe the determinants of health	K	K	Y	Lecture Small GD	Written/ Viva voce		
CM 1.3	Describe the characteristics of agent, host, environmental factors in health and disease and multifactorial etiology of disease							
SLO 1.3.1	Explain the concept of disease and illness	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.3.2	Describe epidemiological triad and web of disease causation	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.3.3	Describe the characteristics of agent, host, environment	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.3.4	Explain the role of interaction between agent, host, environment in disease causation	K	K	Y	Lecture Small GD	Written/Vi va voce		
CM 1.4	Describe and discuss the natural history of disease							
SLO 1.4.1	Describe natural history of disease in pre-pathogenesis and pathogenesis phase	K	K	Y	Lecture	Written/Vi va voce		
SLO 1.4.2	Explain the terms- risk factors and risk group	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.4.3	Explain spectrum of disease and iceberg phenomenon in disease	K	K	Y	Lecture Small GD	Written/ Viva voce		
CM 1.5	Describe the application of interventions at various levels of prevention							

SLO 1.5.1	Describe the Levels of prevention	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.5.2	Explain the modes of intervention	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.5.3	Apply above concepts by giving suitable example	K	KH	Y	Lecture Small GD	Written/ Viva voce		
CM 1.6	Describe and discuss the concepts, the principles of Health promotion and Education, IEC and Behavioral change communication (BCC)							
SLO 1.6.1	Define Health education and Health Promotion	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.6.2	Discuss principles, various approaches and models of health education	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.6.3	Define and differentiate between Information Education Communication and Behaviour Change Communication	K	KH	Y	Lecture	Written/ Viva voce		
SLO 1.6.4	Discuss the role of IEC and BCC in various national programmes	K/C	KH	Y	Lecture Small GD	Written/ Viva voce		
CM 1.7	Enumerate and describe health indicators							
SLO 1.7.1	Enumerate and describe the commonly used health indicators	K	K	Y	Lecture	Written/Vi va voce		
SLO 1.7.2	Explain the importance of health indicators in planning and evaluating health care services	K	KH	Y	Lecture Small GD	Written/Vi va voce		
SLO	Calculate the commonly used health	S	SH/P	Y	DOAP	Written/		

1.7.3	Indicators with data provided					Viva voce Skill assessment		
CM 1.8	Describe the demographic profile of India, and discuss its impact on health							
SLO 1.8.1	Describe the health profile of India in terms of commonly used indicators	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.8.2	Explain the role of demographic profile on health	K	KH	Y	Lecture Small GD	Written/ Viva voce		
SLO 1.8.3	Interpret and compare the major health indicators of neighborhood countries (IMR/MMR/BR/DR)	K	KH	Y	Lecture Small GD	Written/ Viva voce		
CM 1.9	Demonstrate the role of effective communication skills in health in a simulated environment						AETCOM	
SLO 1.9.1	Enumerate and describe various types and methods of communication	K	K	Y	Lecture	Written/ Viva voce		
SLO 1.9.2	Describe the process and steps of communication	K	KH	Y	Lecture Role play Small GD Video	Written/ Viva voce		
SLO 1.9.3	Explain role of good communication in influencing health behaviour	K/A	KH		Lecture Case study	Written/Vi va voce		
SLO 1.9.4	Conduct IEC programme using good communication skills	K/S/A/C	K/KH/ SH/P	Y	Role play DOAP Video	Skill assessment		

CM 1.10	Demonstrate the important aspect of doctor patient relationship in a simulated environment						AETCOM	
SLO 1.10.1	Describe the doctor patient relationship	K/A	K/KH	Y	Lecture Small GD	Written/ Viva Voce OSPE		
SLO 1.10.2	Explain the importance of communication in medical practice	K/A	K/KH	Y	Lecture Small GD	Written/ Viva Voce OSPE		
SLO 1.10.3	Demonstrate how doctor should deal with the patient	A/S/C	SH/P	Y	Role play Small GD Case study DOAP Video	Written/ Viva voce OSPE		
<p align="center"><b>Topic: Relationship of social and behavioural to health and disease</b></p> <p align="center"><b>Number of competencies: (5)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 2.1	Describe the steps and perform clinico-socio-cultural and demographic assessment of individual, family, community							
SLO 2.1.1	Explain the importance of socio-cultural and demographic assessment in health care	K	K	Y	Lecture Small GD	Written/Vi va voce		
SLO 2.1.2	Describe steps of socio-cultural and demographic assessment	K	K/KH	Y	Lecture Small GD	Written/ Viva Voce		

SLO 2.1.3	Perform socio-cultural and demographic assessment	A/S	KH/SH /P	Y	Field visit Small GD DOAP	Skill assessme nt		
SLO 2.1.4	Correlate these factors at individual, family and community level	K	KH	Y	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	Y	Lecture Role play Small GD DOAP	Written/ Vivavoce Skill assessme nt		
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		
SLO 2.2.4	Assess socio-economic status of a family using appropriate socio-economic scale	K/S	KH/SH /P	Y	Lecture Role play Small GD DOAP	Written/ Viva Voce Skill assessme nt		

<b>CM 2.3</b>	<b>Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behavior</b>							
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 assessment		
SLO 2.3.3	Assess health seeking behavior of individual, family and community	A/S	KH/SH	Y	Role play Small GD DOAP	Skill assessment		
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 assessment		
<b>CM 2.4</b>	<b>Describe social psychology, community behaviour and community relationship and their impact on health and diseases</b>							
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		
SLO 2.4.3	Describe impact of above two on health and diseases	K	K	Y	Lecture	Written/ Viva voce		
<b>CM 2.5</b>	<b>Describe poverty and social security measures and its relationship to health and disease</b>							

SLO 2.5.1	Define poverty, its burden and poverty line in India	K	K	Y	Lecture	Written/ Viva voce		
SLO 2.5.2	Describe various health problems and diseases related to poverty	K	K	Y	Lecture	Written/ Viva voce		
SLO 2.5.3	Mention the government policies and programmes for social security	K	K	Y	Lecture	Written/ Viva voce		
<b>Topic: Environmental Health Problems</b> <b>Number of competencies: (8)</b> <b>At the end of the session the student shall be able to:</b>								
CM 3.1	Describe the health hazards of air, water, noise, radiation and pollution						General Medicine, ENT	
SLO 3.1.1	Describe health hazards of air pollution	K	K	Y	Lecture	Written/ Viva voce		
SLO 3.1.2	Describe health hazards water pollution	K	K	Y	Lecture	Written/ Viva voce		
SLO 3.1.3	Describe health hazards of noise pollution	K	K	Y	Lecture	Written/ Viva voce		
SLO 3.1.4	Describe health hazards of radiation	K	K	Y	Lecture	Written/ Viva voce		
CM 3.2	Describe concepts of safe and wholesome water, sanitary sources of water, water purification process, water quality standards, concepts of water conservation, and rainwater harvesting							
SLO 3.2.1	Describe safe and wholesome water	K	K	Y	Lecture Small GD	Written/ Viva voce		

SLO 3.2.2	Enumerate the sources of safe water	K	K	Y	Lecture	Written/ Viva voce		
SLO 3.2.3	Describe the standards for safe water and health problems due to excess and deficiency of various substances in water	K	K	Y	Lecture Small GD	Written/ Viva voce		
SLO 3.2.4	List the different methods of water purification at different levels	K	K	Y	Lecture Video	Written/ Viva voce		
SLO 3.2.5	Discuss the need and importance of water conservation and rainwater harvesting	K	KH	Y	Lecture Small GD Video	Written/ Viva voce		
CM 3.3	Describe the etiology and basis of water borne diseases, jaundice, hepatitis, diarrheal diseases						Microbiology, General Medicine, Pediatrics	
SLO 3.3.1	Classify water-related diseases	K	K	Y	Lecture	Written/ Viva voce		
SLO 3.3.2	Describe the burden, epidemiological determinants, clinical spectrum, management and control of water related diseases	K	K	Y	Lecture Small GD	Written/ Viva voce		
SLO 3.3.3	Describe the methods of household purification of water including principle of chlorination	K	KH	Y	Lecture Small GD	Written/ Viva voce		
SLO 3.3.4	Demonstrate the steps of handwashing	S	SH/P	Y	Lecture Video DOAP	Written/ Viva Voce Skill assessme		

*Handwritten signatures*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*



						nt		
<b>CM 3.4</b>	<b>Describe the concept of solid waste, human excreta and sewage disposal</b>							
<b>SLO 3.4.1</b>	<b>Define solid waste, sewage, sullage and describe the methods of solid waste and sewage disposal</b>	K	K	Y	Lecture	Written/ Viva voce		
<b>SLO 3.4.2</b>	<b>Describe health hazards of improper disposal of solid waste and excreta</b>	K	K	Y	Lecture Small GD Case study	Written/ Viva voce		
<b>CM 3.5</b>	<b>Describe the standards of housing and effects of housing on health</b>							
<b>SLO 3.5.1</b>	<b>Enumerate the standards of healthful housing</b>	K	K	Y	Lecture Small GD	Written/ Viva voce		
<b>SLO 3.5.2</b>	<b>Discuss the effects of housing conditions on health</b>	K	KH	Y	Lecture Small GD Case study	Written/ Viva voce		
<b>SLO 3.5.3</b>	<b>Assess the housing condition of a family</b>	S	SH/P	Y	Lecture Family visit Video DOAP	Written/ Viva voce Skill assessment		
<b>CM 3.6</b>	<b>Describe the role of vectors in the causation of diseases</b>						Microbiology	

SLO 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		
CM 3.7	Identify and describe the identifying features and life cycles of vectors of Public Health importance and their control measures						Microbiology	
SLO 3.7.1	Describe the identifying features and life cycles of vectors of public health importance	K	K	Y	Lecture Small GD Practical	Written/ Viva voce		
SLO 3.7.2	Identify the vectors of public health importance	S	SH		Lecture Small GD Practical	Skill assessment		
SLO 3.7.3	Describe the principles and techniques of vector control	K	K	Y	Lecture Small GD	Written/ Viva voce		
SLO 3.7.4	Discuss the control measures for specific vectors of public health importance	K	KH	Y	Lecture, Small GD	Written/ Viva voce		
SLO 3.7.5	Explain the role of community in vector control and educate community members	K/A/S	SH	Y	Lecture Field	Written/ Viva voce		

	about vector control				visit DOAP	OSPE Skill assessment		
CM 3.8	Describe the mode of action, application of commonly used insecticides and rodenticides						Pharmacology	
SLO 3.8.1	Enlist commonly used insecticides and rodenticides and describe their modes of action	K	K	Y	Lecture	Written/ Viva voce		
SLO 1. 3.8.2	Discuss the methods of using common insecticides and rodenticides	K	KH	Y	Lecture Small GD	Written/ Viva voce		
<p align="center"><b>Topic: Principles of health promotion and education</b></p> <p align="center"><b>Number of competencies: (3)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 2. 4.1	Describe various methods of health education with their advantages and limitations							
SLO 3. 4.1.1	Define health education and describe the principles, aims and objectives of health education	K	K	Y	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		
SLO 5. 4.1.3	Describe and demonstrate different methods of health education and its application in public health	K/A/S	SH	Y	Lecture Small GD Role play DOAP	Written/ Viva voce Skill assessment		

						nt		
<b>CM 6.4.2</b>	<b>Describe the methods of organizing health promotion and education and counseling activities at individual, family and community settings</b>							
<b>SLO 1.4.2.1</b>	<b>Discuss the methods of health education used for individual, group and community approach</b>	K	KH	Y	Lecture	Written/ Viva voce		
<b>SLO 2.4.2.2</b>	<b>Plan and organize health education sessions at individual, family and community settings</b>	S	SH	Y	Lecture Role play DOAP	Written/ Viva voce		
<b>SLO 4.2.3</b>	<b>Demonstrate method of counseling an individual</b>	S	SH	Y	DOAP	Skill assessment		
<b>CM 7.4.3</b>	<b>Demonstrate and describe the steps in evaluation of health promotion and education programme</b>	K	K	Y	Lecture	Written/ Viva voce		
<b>SLO 1.4.3.1</b>	<b>Define evaluation and describe types of evaluation</b>	K	K	Y	Lecture Small GD	Written/ Viva voce		
<b>SLO 2.4.3.2</b>	<b>Describe the steps of evaluation of a programme</b>	K	KH		Lecture Small GD			
<b>SLO 9.4.3.3</b>	<b>Evaluate a health promotion and education programme in simulated environment</b>	S	SH	Y	Small GD Role play Case study DOAP	Written/ Viva voce OSPE		
<b>Topic: Nutrition</b> <b>Number of competencies: (08)</b>								

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

*Handwritten signature: Mages*

At the end of the session the student shall be able to:							
CM 5.1	Describe the common sources of various nutrients and special nutrient requirement as per age, sex, activity, physiological conditions						General Medicine, Pediatrics
SLO 5.1.1	Enumerate the various types of important nutrients and mention their sources in terms of various food groups	K	K	Y	Lecture	Written/ Viva voce	
SLO 5.1.2	Describe the nutritional requirement of individuals according to activity status	K	KH	Y	Lecture Small GD	Written/ Viva voce	
SLO 5.1.3	Describe the age-related nutritional needs and needs of special groups like infants, children and adolescents and that of pregnant and lactating women	K	KH	Y	Lecture Small GD	Written/ Viva voce	
CM 5.2	Describe and demonstrate the correct method of performing nutritional assessment of individuals, families and the community by using appropriate method						General Medicine, Pediatrics
SLO 5.2.1	Describe various methods of nutritional assessment along with their advantages and disadvantages	K	K	Y	Lecture Small GD	Written/ Viva voce	
SLO 5.2.2	Explain the need for nutritional assessment of individuals, family and community	K	K	Y	Lecture Small GD	Written/ Viva voce	
SLO 5.2.3	Elicit, document and present nutritional history (24-hour recall) and perform a dietary recall method	S	SH/P	Y	DOAP Family visit	Skill Assessment	
SLO	Perform nutritional assessment for	S	SH/P	Y	DOAP	Skill	

5.2.3	individuals, families and community				Family visit	Assessment		
5.3	Define and describe common nutrition related health disorders (including macro-PEM, Micro-iron, Zn, iodine, Vit. A), their control and management						General Medicine, Pediatrics	
SLO 5.3.1	Define malnutrition and enumerate the associated disorders	K	K	Y	Lecture	Written/Viva voce		
SLO 5.3.2	Discuss various macronutrient deficiencies (PEM) and their prevention and control	K	KH	Y	Lecture Small GD	Written/Viva voce		
SLO 5.3.3	Discuss various micronutrient deficiency (e.g.: Fe, Vit A, Zn, Iodine) disorders and their prevention and control	K	KH	Y	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	Y	Lecture Visit to dietetics dept	Written/Viva voce		
SLO 5.4.2	Prepare diet chart considering socioeconomic, cultural and regional availability and preferences	K/S	KH/SH/P	Y	Lecture Small GD DOAP	Written/Viva voce Skill assessment		
SLO 5.4.3	Develop healthy diet plan for families and individuals of special groups viz. children,	K/S	KH/SH/P	Y	Lecture Small GD	Written/Viva voce		

	pregnant, lactating, geriatric population				DOAP	Skill assessment		
SLO 5.4.4	Plan a diet for individuals with diabetes, hypertension and heart disease and counsel them accordingly	S/C	SH/P	Y	DOAP Role Play	Written/ Viva voce Skill assessment		
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	Y	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 assessment		
SLO 5.5.3	Define nutritional rehabilitation and describe its application in different conditions of malnutrition	S	P	Y	Lecture Field visit Visit to paediatric dept	OSCE/Case discussion /viva		
CM 5.6	Enumerate and discuss the national nutrition policy, important national						Pediatrics	

	<b>nutritional programmes including ICDS etc.</b>							
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	K	KH	Y	Lecture Small GD	Written/ Viva voce		
SLO 5.6.3	Describe the process of implementation of ICDS programme in the community	K	KH	Y	Lecture Visit to ICDS centre	Written/ Viva voce		
SLO 5.6.4	Enumerate other schemes, programs and their strategies on nutrition	K	K	Y	Lecture Small GD	Written/ Viva voce		
CM 5.7	<b>Describe food hygiene</b>							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		
SLO 5.7.2	Assess food hygiene practices of a family	S	SH/P	Y	Lecture DOAP Family visit	Written/ Viva voce Skill assessment		
SLO 5.7.3	Describe causes and features of food poisoning, along with prevention and control of food poisoning	K	K	Y	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		



	measures for prevention and control of food poisoning							
CM 5.8	Describe and discuss the importance and methods of food fortification and effects of additives and adulteration						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		
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	K	K	Y	Lecture	Written/ Viva voce		
<p align="center"><b>Topic: Basic statistics and its applications</b></p> <p align="center"><b>Number of competencies: (04)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 6.1	Formulate a research question for a study						General Medicine, Pediatrics	
SLO 6.1.1	Identify areas of research on health problems, with lacunae in existing knowledge	K	KH	Y	Lecture	Written/ Viva voce		
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						General Medicine, Pediatrics	

SLO 6.2.1	Describe the various sources of health information	K	K	Y	Lecture	Written/ Viva voce		
SLO 6.2.2	Describe the methods of population survey	K	K	Y	Lecture	Written/ Viva voce		
SLO 6.2.3	Prepare tables, charts and diagrams for presentation of data	S	SH/P	Y	Lecture DOAP	Written/ Viva voce Skill assessment		
CM 6.3	Describe, discuss and demonstrate the application of elementary statistical methods including test of significance in various study designs						General Medicine, Pediatrics	
SLO 6.3.1	Explain sampling and non-sampling error	K	K	Y	Lecture	Written/ Viva voce		
SLO 6.3.2	Explain the concepts of null and alternative hypothesis, confidence interval	K	KH	Y	Lecture	Written/ Viva voce		
SLO 6.3.3	Enumerate common tests of significance	K	KH	Y	Lecture	Written/ Viva voce		
SLO 6.3.4	Work out standard errors of mean and proportion, chi square test	S	SH/P	Y	Lecture DOAP	Written/ Viva voce Skill assessment		
CM 6.4	Enumerate, discuss and demonstrate common sampling techniques, simple statistical methods, frequency distribution, measures of						General Medicine, Pediatrics	

	<b>central tendency and dispersion</b>						
SLO 6.4.1	Enumerate and describe probability and non-probability sampling techniques	K	K	Y	Lecture	Written/ Viva voce	
SLO 6.4.2	Explain the concept of normal distribution and draw a normal curve	K	SH/P	Y	Lecture	Written/ Viva voce	
SLO 6.4.3	Analyse the data in terms of location, frequency, central tendency and dispersion	S	SH/P	Y	Lecture DOAP	Written/ Viva voce Skill assessment	
<p style="text-align: center;"><b>Topic: Epidemiology</b>  <b>Number of competencies: (09)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>							
CM 7.1	Define Epidemiology and describe and enumerate the principles, concepts and uses						General Medicine
SLO 7.1.1	Define epidemiology and explain its meaning	K	K	Y	Lecture	Written / Viva	
SLO 7.1.2	Explain the three main components of epidemiology – frequency, distribution and determinants of disease	K	K	Y	Lecture	Written / Viva Skill assessment	
SLO 7.1.3	Enumerate and explain the uses of epidemiology	K	K	Y	Lecture	Written / Viva	
CM 7.2	Enumerate, describe and discuss the modes of transmission and measures for prevention and control of communicable						General Medicine

	<b>and non-communicable diseases</b>							
SLO 7.2.1	Explain the dynamics of transmission of communicable diseases and enumerate the direct and indirect modes of transmission with examples	K	K	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		
CM 7.3	Enumerate, describe and discuss the sources of epidemiological data						General Medicine	
SLO 7.3.1	Enumerate the sources of epidemiological data	K	K	Y	Lecture	Written / Viva		
SLO 7.3.2	Describe the International Death Certificate with an example of a hypothetical condition	K	K	Y	Lecture	Written / Viva		
CM 7.4	Define, calculate and interpret morbidity and mortality indicators based on given set of data						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 assessment		

SLO 7.3.2	Enumerate and describe the various morbidity and mortality indicators in common use	K/S	KH/SH	Y	Lecture	Written / Viva		
SLO 7.3.3	Calculate the commonly used indicators from a given set of data	S	SH/P	Y	Lecture DOAP	Written / Viva Skill assessment		
<b>CM 7.5</b>	<b>Enumerate, define, describe and discuss epidemiological study designs</b>						General Medicine	
SLO 7.5.1	Enumerate the epidemiological research methods	K	K	Y	Lecture	Written / Viva		
SLO 7.5.2	Discuss the descriptive, analytical and experimental study designs in common use, with example	K	KH	Y	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		
<b>CM 7.6</b>	<b>Enumerate and evaluate the need of screening tests</b>						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	Y	Lecture DOAP	Written / Viva Skill		

						assessment		
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						General Medicine	Microbiology
SLO 7.7.1	Enumerate the types of epidemics	K	K	Y	Lecture	Written / Viva		
SLO 7.7.2	Draw an epidemic curve	S	SH/P	Y	Lecture DOAP	Written / Viva		
SLO 7.7.3	Enumerate the objectives of epidemic investigation	K	KH	Y	Lecture	Written / Viva		
SLO 7.7.4	Outline and explain the steps of investigation of an epidemic or outbreak	K	KH	Y	Lecture	Written / Viva		
CM 7.8	Describe the principles of association, causation and biases in epidemiological studies						General Medicine	
SLO 7.8.1	Describe the various types of association with examples	K	K	Y	Lecture	Written / Viva		
SLO 7.8.2	Explain the criteria for establishing causal association with example	K	K	Y	Lecture	Written / Viva		
SLO 7.8.3	Explain the concept of bias and confounding	K	K	Y	Lecture	Written / Viva		
SLO 7.8.4	Describe the various types of bias commonly encountered in different study	K	K	Y	Lecture	Written / Viva		

*Indefinite*

*Hayati*

*Farah*

*B*

*Dr. Ali*

*Belin*

	designs							
<b>CM 7.9</b>	<b>Describe and demonstrate the application of computers in Epidemiology</b>							
<b>SLO 7.9.1</b>	<b>Discuss the use of computer in epidemiology</b>	K	KH	Y	Lecture	Written / Viva		
<b>SLO 7.9.2</b>	<b>Use computer for data entry, data presentation and simple analysis of data</b>	K	SH/P	Y	Lecture DOAP	Written / Viva Skill assessment		
<b>Topic: Epidemiology of communicable and non-communicable diseases</b> <b>Number of competencies: (07)</b> <b>At the end of the session the student shall be able to:</b>								
<b>CM 8.1</b>	<b>Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for communicable diseases</b>						General Medicine, Pediatrics	Microbiology, Pathology
<b>SLO 8.1.1</b>	<b>Describe the measures for prevention of communicable diseases</b>	K	KH	Y	Lecture	Written / Viva		
<b>SLO 8.1.2</b>	<b>Enumerate the laboratory tests conducted at the primary health care level</b>	K	KH	Y	Lecture	Written / Viva		
<b>SLO 8.1.3</b>	<b>Discuss the management of the common disease conditions at the level of sub centre and primary health centre</b>	K	KH	Y	Lecture	Written / Viva		
<b>CM 8.2</b>	<b>Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for Non Communicable diseases</b>						General Medicine	

	(diabetes, Hypertension, Stroke, obesity and cancer etc.)							
SLO 8.2.1	Describe the measures for prevention of non communicable diseases	K	KH	Y	Lecture	Written / Viva		
SLO 8.2.2	Enumerate the laboratory tests conducted at the primary health care level	K	KH	Y	Lecture	Written / Viva		
SLO 8.2.3	Discuss the management of the common disease conditions at the level of sub centre and primary health centre	K	KH	Y	Lecture	Written / Viva		
CM 8.3	Enumerate and describe disease specific National Health Programs including their prevention and treatment of a case						General Medicine, Pediatrics	
SLO 8.3.1	Enumerate the national programmes for prevention of communicable and non communicable diseases of public health importance	K	K	Y	Lecture	Written / Viva		
SLO 8.3.2	Outline the objectives, goals and strategies under each national programme	K	K	Y	Lecture	Written / Viva		
SLO 8.3.3	Describe the treatment regime followed for the common disease conditions under the respective national programmes	K	K	Y	Lecture	Written / Viva		
CM 8.4	Describe the principles and enumerate the measures to control a disease epidemic						General Medicine, Pediatrics	
SLO 8.4.1	Explain the principle for control of an epidemic	K	K	Y	Lecture	Written / Viva		
SLO	Describe the measures to be implemented	K	KH	Y	Lecture	Written /		



8.4.2	for control of reservoir, interruption of further transmission of the disease and protection of the susceptible host					Viva		
CM 8.5	<b>Describe and discuss the principles of planning, implementing and evaluating control measures for disease at community level bearing in mind the public health importance of the disease</b>						General Medicine, Pediatrics	
SLO 8.5.1	Describe the method of planning and implementing measures for prevention and control of commonly occurring diseases	K	KH	Y	Lecture	Written / Viva		
SLO 8.5.2	Discuss the method of evaluation of health services at the primary care level, in terms of input process output	K	KH	Y	Lecture	Written / Viva		
CM 8.6	<b>Educate and train health workers in disease surveillance, control &amp; treatment and health education</b>							
SLO 8.6.1	Explain to the health workers the concept of surveillance and surveillance measures for specific disease conditions	K	KH/SH	Y	Lecture	Written / Viva		
SLO 8.6.2	Update the health workers on the recent revisions of the national programmes for disease prevention and control	K	SH	Y	Lecture	Written / Viva		
SLO 8.6.3	Train and guide health workers on planning and conducting health education programmes on common issues of public health importance	K	SH	Y	Lecture	Written / Viva		

CM 8.7	Describe the principles of management of information systems							
SLO 8.7.1	Describe the principles of management of information	K	K	Y	Lecture	Written / Viva		
SLO 8.7.2	Describe the health management information system for disease control in India	K	K	Y	Lecture	Written / Viva		
<p align="center"><b>Topic: Demography and vital statistics</b>  <b>Number of competencies: (07)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 9.1	Define and describe the principles of Demography, Demographic cycle, Vital statistics							
SLO 9.1.1	Define demography and explain its principles	K	K	Y	Lecture	Written / Viva		
SLO 9.1.2	Describe the stages of demographic cycle	K	K	Y	Lecture	Written / Viva		
SLO 9.1.3	Enumerate the components included in vital statistics and explain the importance of these in demography	K	K	Y	Lecture	Written / Viva		
CM 9.2	Define, calculate and interpret demographic indices including birthrate, death rate, fertility rates						Obstetrics & Gynaecology, Pediatrics	
SLO 9.2.1	Define the indicators used in demography	K	K	Y	Lecture	Written / Viva		
SLO 9.2.2	Calculate the important indicators using the formulae, from a given data	S	SH/P	Y	Lecture DOAP	Written / Viva		

						Skill assessment		
SLO 9.2.3	Interpret the results to explain their effect on population of the area	S	SH	Y	Lecture	Written / Viva		
CM 9.3	Enumerate and describe the causes of declining sex ratio and its social and health implications							
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	Y	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		

SLO 9.4.4	Discuss the consequences of population explosion on physical, mental, social and environmental health	K	K	Y	Lecture	Written / Viva		
CM 9.5	Describe the methods of population control						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							
SLO 9.6.1	Define the objectives of National Population Policy	K	K	Y	Lecture	Written / Viva		
SLO 9.6.2	Enumerate the national socio-demographic goals	K	K	Y	Lecture	Written / Viva		
SLO 9.6.3	Describe the strategies designed for population control under the National Population Policy	K	K	Y	Lecture	Written / Viva		
CM 9.7	Enumerate the sources of vital statistics including census, SRS, NFHS, NSSO etc.							
SLO	Enumerate the sources of information on	K	K	Y	Lecture	Written /		

9.7.1	vital statistics					Viva		
SLO 9.7.2	Describe the important sources of information	K	K	Y	Lecture	Written / Viva		
<b>Topic: Reproductive, maternal and child health</b> <b>Number of competencies: (09)</b> <b>At the end of the session the student shall be able to:</b>								
CM 10.1	Describe the current status of Reproductive, maternal, newborn and Child Health						Obstetrics & Gynaecology, Pediatrics	
SLO 10.1.1	Mention the current values for important indicators related to reproductive, maternal, newborn and child health (RMNCH) in India	K	K	Y	Lecture	Written / Viva		
SLO 10.1.2	Describe the programmes implemented for RMNCH	K	K	Y	Lecture	Written / Viva		
CM 10.2	Enumerate and describe the methods of screening high risk groups and common health problems						Pediatrics, Obstetrics & Gynaecology	
SLO 10.2.1	Enumerate the methods of screening high risk groups	K	K	Y	Lecture	Written / Viva		
SLO 10.2.2	Describe the method for newborn screening	K	KH	Y	Lecture	Written / Viva		
SLO 10.2.3	Describe the Rashtriya Bal Swasthya Karyakram	K	K	Y	Lecture	Written / Viva		
SLO 10.2.4	Screen children to identify presence of malnutrition	K	SH/P	Y	Lecture Health Centre	Written / Viva Skill		

					visit	assessment		
<b>CM 10.3</b>	<b>Describe local customs and practices during pregnancy, childbirth, lactation and child feeding practices</b>						Pediatrics, Obstetrics & Gynaecology	
SLO 10.3.1	Describe the local customs related to maternal and child health	K	K	Y	Lecture	Written / Viva		
SLO 10.3.2	Identify beneficial and harmful practices	K	K	Y	Lecture	Written / Viva		
<b>CM 10.4</b>	<b>Describe the reproductive, maternal, newborn &amp; child health (RMCH); child survival and safe motherhood interventions</b>						Obstetrics & Gynaecology, Pediatrics	
SLO 10.4.1	Describe the interventions during the antenatal, intranatal and postpartum periods for ensuring maternal health	K	K	Y	Lecture	Written / Viva		
SLO 10.4.2	Describe the package of services for child survival, promotion of health and prevention of diseases in children	K	K	Y	Lecture	Written / Viva		
SLO 10.4.3	Describe the services for adolescents under the programme	K	K	Y	Lecture	Written / Viva		
<b>CM 10.5</b>	<b>Describe Universal Immunization Program; Integrated Management of Neonatal and Childhood Illness (IMNCI) and other existing Programs.</b>						Pediatrics	
SLO 10.5.1	Enlist the disease conditions covered under the Universal Immunisation Programme and describe the time, site and route of	K	K	Y	Lecture	Written / Viva		

	administration of each vaccine, and adverse effects							
SLO 10.5.2	Describe Mission Indradhanush	K	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	Y	Lecture Health Centre visit	Written / Viva Skill assessment		
CM 10.6	Enumerate and describe various family planning methods, their advantages and shortcomings							
SLO 10.6.1	Enumerate and classify the temporary and terminal methods of family planning	K	K	Y	Lecture	Written / Viva		
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							

SLO 10.7.1	Describe the family welfare services provided under the RMNCH+A Programme	K	K	Y	Lecture	Written / Viva		
SLO 10.7.2	Describe the organisational structure for implementation of the programme	K	K	Y	Lecture	Written / Viva		
CM 10.8	<b>Describe the physiology, clinical management and principles of adolescent health including ARSH</b>							
SLO 10.8.1	Enumerate common health problems of adolescents	K	K	Y	Lecture	Written / Viva		
SLO 10.8.2	Discuss management of these problems	K	K	Y	Lecture	Written / Viva		
SLO 10.8.3	Describe the adolescent reproductive and health services (ASRSH) provided under RMNCH+A programme	K	K	Y	Lecture	Written / Viva		
CM 10.9	<b>Describe and discuss gender issues and women empowerment</b>							
SLO 10.9.1	Discuss the gender issues in India	K	K	Y	Lecture	Written / Viva		
SLO 10.9.2	Discuss the reasons for gender bias and its consequences	K	K	Y	Lecture	Written / Viva		
SLO 10.9.3	Describe ways to promote women empowerment and improve position of women in society	K	K	Y	Lecture	Written / Viva		
<b>Topic: Occupational Health</b> <b>Number of competencies: (05)</b>								
At the end of the session the student shall be able to:								
CM	Enumerate and describe the presenting							



11.1	features of patients with occupational illness including agriculture							
SLO 11.1.1	Enumerate and describe the various types of pneumoconiosis	K	K	Y	Lecture	Written/Vi va voce		
SLO 11.1.2	Enumerate and describe the various types of occupational cancers	K	K	Y	Lecture	Written/Vi va voce		
SLO 11.1.3	Enumerate and describe the health hazards of agricultural workers	K	K/KH	Y	Lecture	Written/Vi va voce		
11.2	Describe the role, benefits and functioning of the Employees' State Insurance scheme							
SLO 11.2.1	Enlist the establishments covered under the Employees' State Insurance Scheme (ESIS)	K	K	Y	Lecture	Written/Vi va voce		
SLO 11.2.2	Enumerate and describe the benefits provided under the ESI Act 1948	K	K	Y	Lecture	Written/Vi va voce		
SLO 11.2.3	Describe the administrative structure for implementing the ESI Scheme	K	K	Y	Lecture	Written/Vi va voce		
11.3	Enumerate and describe specific occupational health hazards, their risk factors and preventive measures							
SLO 11.3.1	Enlist and describe the occupational hazards	K	K	Y	Lecture Factory Visit	Written/Vi va voce		
SLO 11.3.2	Enlist the different occupational diseases due to physical, chemical and biological agents	K	K	Y	Lecture Factory Visit	Written/Vi va voce		

*Handwritten signatures and initials:*  
 Mahesh, Dagar, Puri, Nazish

*Handwritten signature:*  
 Singh

*Handwritten signature:*  
 Singh

*Handwritten signature:*  
 Singh

*Handwritten signature:*  
 Singh

*Handwritten signature:*  
 Singh

*Handwritten signature:*  
 Singh

*Handwritten signature:*  
 Singh

SLO 11.3.3	Discuss the measures for prevention of occupational diseases	K	K	Y	Lecture Factory Visit	Written/Vi va voce		
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	<b>Describe the principles of ergonomics in health preservation</b>							
SLO 11.4.1	Define ergonomics	K	K	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	K	Y	Lecture Factory Visit	Written/Vi va voce		
11.5	<b>Describe occupational disorders of health professionals and their prevention &amp; management</b>							
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		
<b>Topic: Geriatric services</b> <b>Number of competencies: (04)</b> <b>At the end of the session the student shall be able to:</b>								
CM 12.1	Define and describe the concept of Geriatric services						General Medicine	

SLO 12.1.1	Define geriatric age group	K	K	Y	Lecture	Written/Vi va voce		
SLO 12.1.2	Discuss the necessity of providing geriatric health services	K	K	Y	Lecture	Written/Vi va voce		
CM 12.2	<b>Describe health problems of aged population</b>						General Medicine	
SLO 12.2.1	Enumerate and describe the health problems occurring due to the aging process	K	K	Y	Lecture Case study Field Visit	Written/Vi va voce		
SLO 12.2.2	Enumerate and describe the long-term illnesses commonly occurring in the geriatric population	K	K	Y	Lecture Case study Field Visit	Written/Vi va voce		
SLO 12.2.3	Enumerate and describe the mental health problems likely to occur in the geriatric population	K	K	Y	Lecture Case study Field Visit	Written/Vi va voce		
CM 12.3	<b>Describe the prevention of health problems of aged population</b>						General Medicine	
SLO 12.3.1	Describe prevention of physical health problems of the elderly population	K	K	Y	Lecture	Written/Vi va voce		
SLO 12.3.2	Describe prevention mental health problems of the elderly population	K	K	Y	Lecture	Written/Vi va voce		
CM 12.4	<b>Describe National program for elderly</b>						General Medicine	
SLO 12.4.1	Mention the salient features of the National Policy for Older Persons	K	K	Y	Lecture	Written/Vi va voce		
SLO 12.4.2	State the objectives of the National Programme for Health Care of the Elderly	K	K	Y	Lecture	Written/Vi va voce		

	(NPHCE)							
SLO 12.4.3	Describe the strategies and method of implementation of the NPHCE	K	K	Y	Lecture	Written/Vi va voce		
<p align="center"><b>Topic: Disaster Management</b>  <b>Number of competencies: (04)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 13.1	Define and describe the concept of Disaster management						General Surgery, General Medicine	
SLO 13.1.1	Define disaster	K	K	Y	Lecture	Written/Vi va voce		
SLO 13.1.2	Enumerate the health hazards following common types of disasters	K	K	Y	Lecture	Written/Vi va voce		
SLO 13.1.3	Discuss the concept and aspects of disaster management	K	K	Y	Lecture	Written/Vi va voce		
CM 13.2	Describe disaster management cycle						General Surgery, General Medicine	
SLO 13.2.1	Enumerate the phases in the disaster management cycle	K	K	Y	Lecture	Written/Vi va voce		
SLO 13.2.2	Describe the activities undertaken in the different phases of the disaster management cycle	K	KH	Y	Lecture	Written/Vi va voce		
CM 13.3	Describe man-made disasters in the world and in India						General Surgery,	

							General Medicine	
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		
CM 13.4	Describe the details of the National Disaster management Authority						General Surgery, General Medicine	
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		
SLO 13.4.2	Enumerate the functions and responsibilities of the NDMA	K	K	Y	Lecture	Written/Vi va voce		
<p style="text-align: center;"><b>Topic: Hospital waste management</b>  <b>Number of competencies: (03)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 14.1	Define and classify hospital waste							Microbiolo gy
SLO 14.1.1	Define biomedical waste	K	K	Y	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	Y	Lecture Hospital visit	Written/Vi va voce OSPE Skill Assessme		

						nt		
<b>CM 14.2</b>	<b>Describe various methods of treatment of hospital waste</b>							Microbiology
SLO 14.2.1	Describe the various methods of treatment and disposal of hospital waste	K	K	Y	Lecture	Written/Viva voce		
SLO 14.2.2	Explain the advantages and disadvantages of each method	K	K	Y	Lecture	Written/Viva voce		
<b>CM 14.3</b>	<b>Describe laws related to hospital waste management</b>							Microbiology
SLO 14.3.1	Describe the categorization of various types of biomedical waste	K	K/KH/SH	Y	Lecture Hospital Visit	Written/Viva voce		
SLO 14.3.2	Mention the method of segregation of waste at source and by colour coding	KS	K/KH/SP	Y	Lecture Hospital Visit	Written/Viva voce		
SLO 14.3.3	Outline the treatment and disposal options of each category of biomedical waste	K	KH	Y	Lecture	Written/Viva voce		
<p align="center"><b>Topic: Mental Health</b></p> <p align="center"><b>Number of competencies: (03)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
<b>CM 15.1</b>	<b>Define and describe the concept of mental Health</b>						Psychiatry	
SLO 15.1.1	Discuss the concept of mental health	K	K	Y	Lecture	Written/Viva voce		
SLO 15.1.2	Describe the characteristics of a mentally healthy person	K	K	Y	Lecture	Written/Viva voce		
SLO	Enumerate the factors that lead to mental	K	K	Y	Lecture	Written/Viva voce		

15.1.3	illness					va voce		
CM 15.2	Describe warning signals of mental health disorder						Psychiatry	
SLO 15.2.1	Describe warning signs of poor mental health	K	K	Y	Lecture	Written/Vi va voce		
SLO 15.2.2	Enlist mental and behavioural disorders according to International Classification of Diseases	K	K	Y	Lecture	Written/Vi va voce		
CM 15.3	Describe National Mental Health program						Psychiatry	
SLO 15.3.1	Describe the organization and implementation of National Mental Health Programme	K	K	Y	Lecture	Written/Vi va voce		
SLO 15.3.2	Describe the goals and objectives of the District Mental Health programme	K	K	Y	Lecture	Written/Vi va voce		
SLO 15.3.3	Discuss the salient features of the Mental Health Care Act	K	K	Y	Lecture	Written/Vi va voce		
<p align="center"><b>Topic: Health planning and management</b>  <b>Number of competencies: (04)</b>  <b>At the end of the session the student shall be able to:</b></p>								
CM 16.1	Define and describe the concept of Health planning							
SLO 16.1.1	Define health planning	K	K	Y	Lecture	Written/Vi va voce		
SLO 16.1.2	Explain the necessity of proper health planning	K	K	Y	Lecture	Written/Vi va voce		

*Shahid*

*Wages*

*Nagari*

*20/12*

*A*

*Shah*

*Def. Dept*

*Def. Dept*

*Def. Dept*

SLO 16.1.3	Differentiate between objectives, targets and goals and discuss the importance of clearly defining these in a health plan	K	K	Y	Lecture	Written/Vi va voce		
<b>CM 16.2</b>	<b>Describe planning cycle</b>							
SLO 16.2.1	Explain the concept of cycle in health planning	K	K	Y	Lecture	Written/Vi va voce		
SLO 16.2.2	Describe the steps in a planning cycle	K	K	Y	Lecture	Written/Vi va voce		
SLO 16.2.3	Formulate a plan for any service to be delivered at the primary health care level	K	KH	Y	Lecture	Written/Vi va voce		
<b>CM 16.3</b>	<b>Describe Health management techniques</b>							
SLO 16.3.1	Define management	K	K	Y	Lecture	Written/Vi va voce		
SLO 16.3.2	Describe the various management methods and techniques commonly used in the field of health	K	K	Y	Lecture	Written/Vi va voce		
<b>CM 16.4</b>	<b>Describe health planning in India and National policies related to health and health planning</b>							
SLO 16.4.1	Discuss the recommendations of the various health committees that contributed to planning the health care delivery system in India	K	K	Y	Lecture	Written/Vi va voce		
SLO 16.4.2	Describe the thrust areas in health care, of the most recent five-year plan	K	K	Y	Lecture	Written/Vi va voce		

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*



SLO 16.4.3	Describe the organisation responsible for formulating developmental plans in India	K	K	Y	Lecture	Written/Vi va voce		
<b>Topic: Health care of the community</b> <b>Number of competencies: (05)</b> <b>At the end of the session the student shall be able to:</b>								
CM 17.1	Define and describe the concept of health care to community							
SLO 17.1.1	Define community	K	K	Y	Lecture	Written/Vi va voce		
SLO 17.1.2	Explain the importance of providing health care at the community level	K	K	Y	Lecture	Written/Vi va voce		
SLO 17.1.3	Describe the method of providing health care to a community and families within a community	K	KH	Y	Lecture	Written/Vi va voce		
CM 17.2	Describe community diagnosis							
SLO 17.2.1	Explain the concept and importance of community diagnosis	K/S/A/ C	K/KH/P	Y	Lecture Field Visit Case study	Written/Vi va voce		
SLO 17.2.2	Describe aspects on which community diagnosis is made	K	K	Y	Lecture	Written/Vi va voce		
SLO 17.2.3	Discuss the method of undertaking community identification and community diagnosis	K	K	Y	Lecture	Written/Vi va voce		
SLO 17.2.4	Conduct survey of a community and make community diagnosis	K/A/S	K/KH/P	Y	Lecture Field Visit DOAP	Written/Vi va voce Skill		

*Handwritten signatures and initials:*

*Handwritten signature: nazish*

*Handwritten initials: G, A3*

*Handwritten signature*

*Handwritten signature: Lal*

*Handwritten signature*

*Handwritten signature: Borinax*

						assessment		
<b>CM 17.3</b>	<b>Describe primary health care, its components and principles</b>							
<b>SLO 17.3.1</b>	Define primary health care	K	K	Y	Lecture	Written/Viva voce		
<b>SLO 17.3.2</b>	Explain the principles of primary health care and how these are being followed for service delivery in India	K	K	Y	Lecture	Written/Viva voce		
<b>SLO 17.3.3</b>	Enumerate the elements of primary health care	K	K	Y	Lecture	Written/Viva voce		
<b>SLO 17.3.4</b>	Describe the concept of Universal health Coverage	K	K	Y	Lecture	Written/Viva voce		
<b>SLO 17.3.5</b>	Discuss the implementation of Universal health Coverage in India	K	K	Y	Lecture	Written/Viva voce		
<b>CM 17.4</b>	<b>Describe National policies related to health and health planning and millennium development goals</b>							
<b>SLO 17.4.1</b>	Describe the goals, objectives and thrust areas under the National Health Policy	K	K	Y	Lecture	Written/Viva voce		
<b>SLO 17.4.2</b>	Discuss the background to formulation of Millennium Development Goals and their current status of achievement in India	K	K	Y	Lecture	Written/Viva voce		
<b>SLO 17.4.3</b>	Enumerate the Sustainable Development Goals	K	K	Y	Lecture	Written/Viva voce		
<b>CM 17.5</b>	<b>Describe health care delivery in India</b>							

SLO 17.5.1	Enumerate the levels of health care	K	K	Y	Lecture	Written/Vi va voce		
SLO 17.5.2	Describe the health care delivery system at various levels in India	K	K/KH	Y	Lecture Visit	Written/Vi va voce		
SLO 17.5.3	Discuss health care provided by the private sector and voluntary organisations	K	K	Y	Lecture	Written/Vi va voce		
SLO 17.5.4	Describe the role and functions of the various community personnel providing health care at the village level viz. ASHA, AWW	K	K/KH	Y	Lecture Field Visit	Written/Vi va voce		
<p style="text-align: center;"><b>Topic: International Health</b>  <b>Number of competencies: (02)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
CM 18.1	Define and describe the concept of International health							
SLO 18.1.1	Discuss the concept and importance of implementing International Health Regulations (IHR)	K	K	Y	Lecture	Written/Vi va voce		
SLO 18.1.2	Define Public Health Emergencies of International Concern (PHEIC)	K	K	Y	Lecture	Written/Vi va voce		
SLO 18.1.3	Describe the guidelines for assessment and notification of disease under the IHR	K	KH	Y	Lecture	Written/Vi va voce		
CM 18.2	Describe roles of various international health agencies							
SLO 18.2.1	Enumerate the important agencies working for promotion of international health	K	K	Y	Lecture Visit	Written/Vi va voce		
SLO	Describe the role and function of each of	K	K	Y	Lecture	Written/Vi		

18.2.2	the important agencies along with services provided by the agencies in India					va voce		
<p align="center"><b>Topic: Essential Medicine</b>  <b>Number of competencies: (03)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>								
<b>CM 19.1</b>	<b>Define and describe the concept of Essential Medicine List (EML)</b>							<b>Pharmacology</b>
SLO 19.1.1	Define essential medicines	K	K	Y	Lecture	Written/Viva voce		
SLO 19.1.2	Discuss the need for use of essential medicines	K	K	Y	Lecture	Written/Viva voce		
SLO 19.1.3	Outline the criteria for selection of medicines to be included in the Essential Medicine List	K	K	Y	Lecture	Written/Viva voce		
<b>CM 19.2</b>	<b>Describe roles of essential medicine in primary health care</b>							<b>Pharmacology</b>
SLO 19.2.1	Describe the National List of Essential Medicines in India	K	K	Y	Lecture	Written/Viva voce		
SLO 19.2.2	Discuss the role and advantages of essential medicines in primary health care	K	K	Y	Lecture	Written/Viva voce		
<b>CM 19.3</b>	<b>Describe counterfeit medicine and its prevention</b>							<b>Pharmacology</b>
SLO 19.3.1	Discuss the extent of the problem of counterfeit medicine	K	K	Y	Lecture	Written/Viva voce		
SLO 19.3.2	Mention the reasons of counterfeiting of medicines	K	K	Y	Lecture	Written/Viva voce		
SLO	Describe the measures to prevent	K	K	Y	Lecture	Written/Viva voce		

*Shelley Mangle*  
*nasir*

*Page 45*

*Cal*  
*2*

*Page 45*

*Bahman*

19.3.3	counterfeiting of medicines					va voce	
<p align="center"><b>Topic: Recent advances in Community Medicine</b></p> <p align="center"><b>Number of competencies: (04)</b></p> <p><b>At the end of the session the student shall be able to:</b></p>							
<b>CM 20.1</b>	<b>List important public health events of last five years</b>						
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	
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	
<b>CM 20.2</b>	<b>Describe various issues during outbreaks and their prevention</b>						
SLO 20.2.1	Describe the steps of outbreak investigation	K	KH	Y	Lecture	Written/Vi va voce	
SLO 20.2.2	Outline measures for control of outbreak	K	KH	Y	Lecture	Written/Vi va voce	
SLO 20.2.3	Outline measures for prevention of further occurrence of similar outbreak	K	KH	Y	Lecture	Written/Vi va voce	
SLO 20.2.4	Prepare a report of outbreak investigation and measures taken	K/S	KH/SH/ P	Y	Lecture Short Project Visit	Written/Vi va voce Skill Assessme nt	
<b>CM 20.3</b>	<b>Describe any event important to Health of the Community</b>						
SLO 20.3.1	Describe the important health events that can occur in a community	K	K	Y	Lecture Video	Written/Vi va voce	

47 03 45

					Case Study			
SLO 20.4.2	Outline the measures for prevention and control these problems	K	KH	Y	Lecture	Written/Vi va voce		
CM 20.4	Demonstrate awareness about laws pertaining to practice of medicine such as Clinical establishment Act and Human Organ Transplantation Act and its implications							
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		
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.

*Handwritten signatures:*  
Mehar  
Nagsh  
Bhargava  
Jant

*Handwritten signature:*  
Bhargava

*Handwritten signature:*  
B

*Handwritten signature:*  
Bhargava

*Handwritten signature:*  
Bhargava

*Handwritten signature:*  
Bhargava

47 of 47

					Case Study			
SLO 20.4.2	Outline the measures for prevention and control these problems	K	KH	Y	Lecture	Written/Viva voce		
CM 20.4	Demonstrate awareness about laws pertaining to practice of medicine such as Clinical establishment Act and Human Organ Transplantation Act and its implications							
SLO 20.4.1	Describe the salient features of the Clinical establishment Act and Human Organ Transplantation Act	K	K	Y	Lecture	Written/Viva voce		
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/Viva 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, P- performs independently,  
Column F: DOAP session - Demonstrate, Observe, Assess, Perform.

*Handwritten signatures:*  
Nagsh  
Bhargava

*Handwritten signature:*  
20/1

*Handwritten signature:*  
20/1

*Handwritten signature:*  
20/1

*Handwritten signature:*  
20/1

Annexure IV

**MBBS : COMMUNITY MEDICINE**

• **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](http://www.nhp.gov.in)
2. [www.mohfw.nic.in](http://www.mohfw.nic.in)
3. [www.who.int](http://www.who.int)



*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*



Annexure II

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

University of Delhi

Professional	Theory component	Practical component
1st Prof	1 <sup>st</sup> Term exam – 60 marks	
2nd Prof	2 <sup>nd</sup> Term Exam – 40 marks	100 marks (80 marks [CP]+20 marks [AETCOM])
	3 <sup>rd</sup> Term Exam - 40 marks	
3rd Prof Part I	4 <sup>th</sup> Term Exam - 60 marks	100 marks (80 marks [CP]+20 marks [AETCOM])
	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

Final Maximum Internal assessment marks which is to be displayed in the students' marksheet	<p style="text-align: center;"><b>100 marks</b></p> <p>(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)</p>	<p style="text-align: center;"><b>100 marks</b></p> <p>(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)</p>
---	--	---

**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 I and third Professional Part II, independently.
3. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
4. The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
5. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
6. The results of 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.

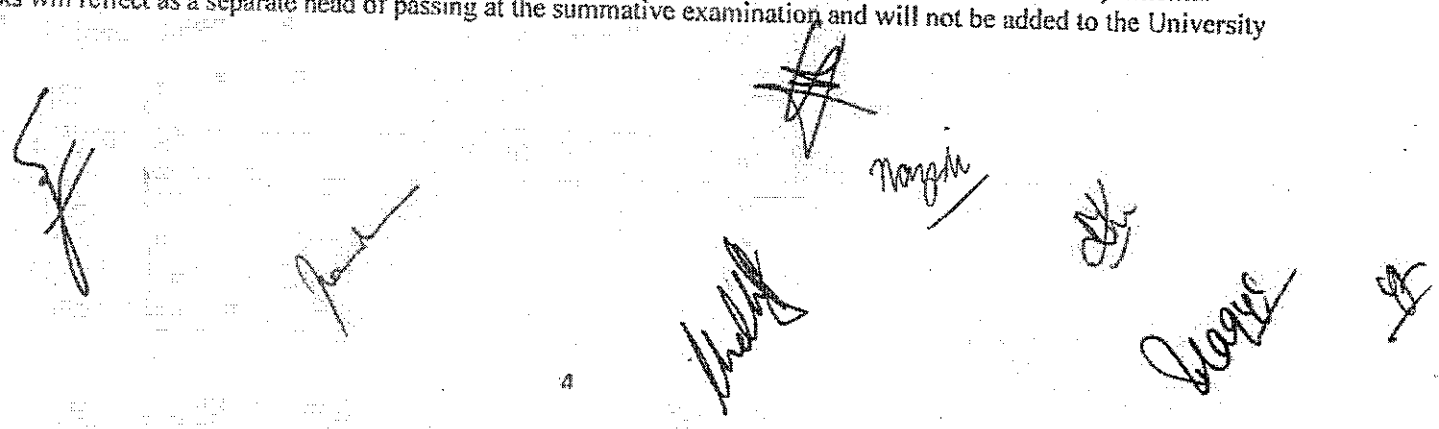
*[Handwritten signatures and initials at the bottom of the page]*

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

*Components of IA*

- (i) Theory IA can include: Written tests, should have essay questions, short notes and creative writing experiences.
- (ii) Practical / Clinical IA can include: practical / clinical tests, Objective Structured Clinical Examination (OSCE) / Objective Structured Practical Examination (OSPE), Directly Observed Procedural Skills (DOPS), Mini Clinical Evaluation Exercise (mini-CEX), records maintenance and attitudinal assessment.
- (iii) Assessment of Log-book. Log book should record all activities like seminar, symposia, quizzes and other academic activities. Achievement of certifiable competencies should also be recorded in logbooks. It should be assessed regularly and submitted to the department. **Up To twenty per cent IA marks (Theory and Practical) should be from 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 marks.

The bottom section of the page contains several handwritten signatures and initials. From left to right, there is a large stylized signature, a signature that appears to be 'Pankaj', a signature that appears to be 'Anshu', a signature that appears to be 'Nagendra', a signature that appears to be 'Shruti', a signature that appears to be 'Shruti', and a small signature that appears to be 'Shruti'.

Annexure III

Ann. III

## 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	100  Skills competencies acquired during the Professional Development Program (AETCOM module) must be tested during clinical, practical and viva.	Mandatory 50% marks separately in theory and practical (practical / clinical + viva)*
Components of Practical Exam	Distribution of marks (Total Marks: 100)	Assessment to include (Cognitive, Psychomotor & communication skills)
Index Case presentation in relation to family	40 marks	Assessment of Index case in relation to family to include: <ul style="list-style-type: none"> <li>• Demonstration: History taking, basic clinical examination, environmental, dietary, nutritional assessment</li> <li>• Interpreting the findings &amp; Recommendation: Related to family &amp; index case</li> <li>• Communication skills (AETCOM): Advise pertinent to the allotted index case &amp; family specially related to lifestyle, environment, nutrition and cultural practices etc.</li> </ul>
Epidemiology / Biostatistics exercises	20 marks (10 X 2)	2 Exercises of 10 marks each

*[Handwritten signatures and initials at the bottom of the page]*

Spots	20 marks (2 X 10)	10 Spots of 2 marks each.
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.

*[Handwritten signatures and initials]*

✓ Ann. III

III PROF. M.B.B.S. PART I  
COMMUNITY MEDICINE  
TEMPLATE OF THEORY EXAMINATION PAPERS

**Background**

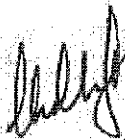
In exercise of the powers conferred by Section 33 of the Indian Medical Council Act, 1956 (102 of 1956), the Board of Governors in super-session of Medical Council of India with the previous sanction of the Central Government, have amended the "Regulations on Graduate Medical Education, 1997", by the 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 4<sup>th</sup> November 2019.

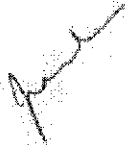
Salient features of the sub-section on University Examinations of the Regulations on Graduate Medical Education (Amendment), 2019 regarding Theory examination

(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.

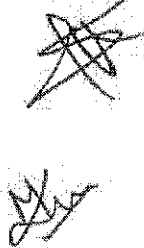
Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.

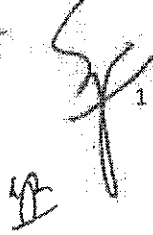
  
Signature











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
B	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
			<b>Total marks</b>	<b>100</b>

\* 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

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

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*Nazim*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*



### 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 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.

#### MCQs:

- 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, 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 two marks 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.

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 1 to 10.

Each question having:

Question stem

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

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

*[Handwritten signatures and marks at the bottom of the page]*

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 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

*[Handwritten signatures and 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

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

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

*[Handwritten signatures and initials are present below the text, including a large signature on the left, a signature in the center, and several initials on the right.]*

Annexure IV

Department of Community Medicine  
University of Delhi

Logbook for MBBS students  
as per Competency Based Curriculum

Name of the student: .....

Name of the medical college: .....

University Registration number: .....

Date of joining the college: .....

Roll Number: .....

Permanent Address: .....

E mail id: .....

Mobile Number: .....

Student's  
Photograph to be  
pasted here with  
student's  
signature across  
the photograph

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

## 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.
2. The visits to the Special OPD / Hospital Departments / Organizations (government or non-government) 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.
4. 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.

*leaves*

*pen*

*by*

*nozan*

*PS*

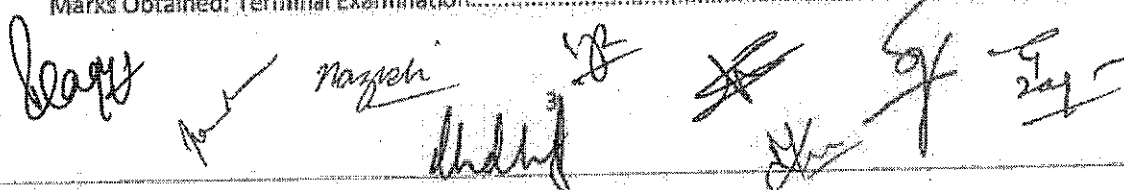
*SR*

*AB*

*Shirley*

## Contents

Note.....	2
Abbreviation .....	4
Introduction .....	5
Guidelines for the students .....	6
Foundation Course.....	7
Record of Community Medicine classes in the Foundation course .....	8
Observation: Visit to a Primary Health centre/ Community Health Centre .....	9
Phase I MBBS course.....	10
Record of visits .....	11
Observation: Self Directed learning (SDL) .....	12
Selected competencies which need to be achieved and documented: Knowledge domain.....	13
Description of learning outcomes for selected competencies.....	14
Phase II MBBS course .....	15
Record of Visits .....	16
Observation: Family Visits .....	17
Observation: Visit to Anganwadi Centre .....	18
Selected competencies which need to be achieved and documented: Skill domain .....	19
Description of learning outcomes for selected competencies.....	20
Phase III Part 1 MBBS course.....	21
Record of Visits.....	22
Record of Seminars.....	23
Description of learning outcomes for selected competencies.....	24
Observation: Family Visits and Index case work up .....	26
Observation: Visit to special OPD or organizations.....	27
Reflection: AETCOM Module.....	28
Selected competencies which need to be achieved and documented: Skill domain .....	29
Selected competencies which need to be achieved and documented: Knowledge domain.....	31
Record of other activities related to research and academics.....	33
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.....	34
Attendance for the sessions held by Department of Community Medicine.....	34
Marks Obtained in the various postings in Community Medicine:.....	35
Marks Obtained: Terminal Examination.....	36



## 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)

Seagat  
27-  
Pam  
Mally

Gay  
nagani  
ya



## 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 logbook 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.....

Delhi

Beag

Nazish

Shr

gf

24-

up

per

Indhi

## 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.
2. 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.
3. 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 3<sup>rd</sup> Phase Part-I Final Prof. It is important that students do not lose this book.
4. 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.
5. The attendance and the marks record in this logbook are intended to help the students to track their own progress.
6. The attendance component should reflect number of sessions held and NOT the number of hours.
7. 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.
8. 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
  - c) Relevance of the entries made in the Observations/ Reflection writing

## Foundation Course

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

### Components:

1. Details of Community Medicine classes in the Foundation Course (FC)
2. Activities done in the department which require writing the observations made by the student: Visit to a PHC/CHC

*Naqvi*

*Naqvi*

*Naqvi*

*Naqvi*

*Naqvi*

*Naqvi*

*Naqvi*

*Naqvi*

*Naqvi*

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			
Field visit to PHC/CHC			
Visit to Immunization Clinic			

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

Observation 1:

Observation: Visit to a Primary Health centre/ Community Health Centre

Date of visit

1. Write in your own words what did you like about the structure and functioning of the PHC/CHC you visited.

---

---

---

---

---

---

---

2. Write in your own words, in which areas would you like to make improvements in this PHC/CHC, assuming that you are a utilizer of this PHC/CHC?

---

---

---

---

---

---

---

3. How can this visit help you in the process of becoming a doctor?

---

---

---

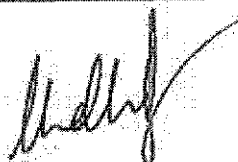
---

---

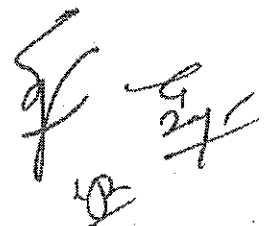
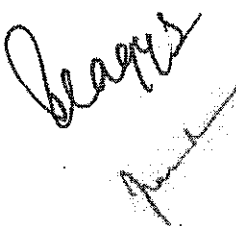
---

---

Facilitator's sign with date



Student's sign with date



## 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 require writing the observations made by the student: Self Directed learning – Observation 2
3. Competencies which need to be achieved – Table 3
4. Description of learning outcomes for selected competencies: Table 4

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

Table 2:

Record of visits

Place of visits/Learning opportunities	Date	Signature of the student
Hospital department - 1		
Hospital department - 2		
Special OPD - 1		
Special OPD -2		
Organization (Govt/ Non-Govt) - 1		
Organization (Govt/ Non-Govt) - 2		

*[Handwritten mark]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

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

*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*

Student's sign with date

*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*



Table 3:

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

Knowledge (Theory) Competencies							
Competency addressed	Name of Activity	Date dd-mm-yy	Attempt at Activity First or Only (F) Repeat (R) Remedial (Re)	Rating *	Decision of faculty Completed (C) Repeat (R) Remedial (Re)	Signature of Faculty/ Senior Resident with date	Feedback Receive Signature of student with date
CM1.3 Describe the characteristics of agent, host and environmental factors in health and disease and the multifactorial etiology of disease	Draw diagram for multifactorial causality for hypertension/ diabetes/ CHD/ obesity etc.						
CM1.6 Describe and discuss the concepts, the principles of Health promotion and Education, IEC and Behavioral change communication (BCC)	Draw quarter page newspaper Advt.(IEC material) for General Public on any issue of Public Health Importance on a sheet of paper						

\*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 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 by the Facilitator	

*Seager*  
*Parish*

*Ly*

*[Signature]*

*Nagou*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

## Phase II MBBS course

Duration of 2<sup>nd</sup> Phase MBBS: From..... To.....

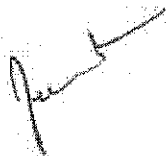
### Components

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

Seager

  
Nagash








  
  




Table 5:

Record of Visits

Learning Opportunities	Learning objectives (to be filled by the student)	Date	Signature of the Student
Family visit 1			
Family visit 2			
Family visit 3			
Family visit 4			
Family visit 5			
Hospital department - 1			
Hospital department - 2			
Special OPD - 1			
Special OPD - 2			
Organization (Govt/ Non-Govt) - 1			
Organization (Govt/ Non-Govt) - 2			

*Signature*  
*name*

*Signature*

*Signature*  
*Signature*  
*Signature*

Observation 3

Observation: Family Visits

Days of posting: From ..... To .....

1. What did you observe during the family visits with respect to the health status and determinants of health?

---

---

---

---

---

---

---

---

2. What information related to cultural practices did you find related to birth, death and marriage and food habits?

---

---

---

---

---

---

---

---

3. How these family visits, visiting a person/a patient in his/her residence and surrounding help you to understand the concept of facilitators and barriers to health?

---

---

---

---

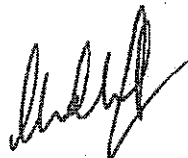
---

---

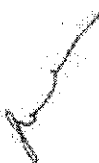
---

---

Facilitator's sign with date



Student's sign with date



17



Observation 4

Observation: Visit to Anganwadi Centre

Date of posting:

1. What did you observe during your visit to AWC?

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

---

---

---

---

Facilitator's sign with date

*Shagor*  
*June*

Student's sign with date

*[Signature]*  
*Nayon*  
*[Signature]*  
*[Signature]*  
*[Signature]*  
*[Signature]*

Table 6:

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

Skill (Practical) Competencies							
Competency # addressed	Name of Activity	Date dd-mm-yy	Attempt at Activity first (F) Repeat (R) Remedial (Re)	Rating *	Decision of faculty Completed (C) Repeat (R) Remedial	Initial Of Faculty/Senior Resident And date	Feedback Received Initial of Learner
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						
CM5:2 Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method							
CM9.2 Define, calculate and interpret demographic indices including birth rate, death rate, fertility rate  CM 10.1 Describe the current status of Reproductive, maternal, newborn and Child Health	Demography exercise						
CM1.9 Demonstrate the role of effective Communication skills in health in a simulated environment (AETCOM)	Assessment in the field						

\*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			
AETCOM Module*  Name and number of the module: ..... ..... .....			

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

*Chavez*

*per*

*[Signature]*

*nayeli*

*[Signature]*

*[Signature]*



## 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

*blago*

*Janet*

*Star*

*Nazim*

*JK*

*24*

*the*

*GR*

*Shelly*

Table 8

## Record of Visits

Learning Opportunities	Learning objectives (to be filled by the student)	Date	Signature of the Student
Family visit 1			
Family visit 2			
Family visit 3			
Family visit 4			
Family visit 5			
Hospital department - 1			
Hospital department - 2			
Special OPD - 1			
Special OPD - 2			
Organization (Govt/ Non-Govt) - 1			
Organization (Govt/ Non-Govt) - 2			

*Signature*  
*name*

*Signature*

*Signature*  
*Signature*

*Signature*  
*Signature*

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 1				
Seminar 2				
Seminar 3				
Seminar 4				

*Nagay*

*[Signature]*

*Nagay*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

Table 10

Description of learning outcomes for selected competencies

Competency Number and description	Activity (index case work-up	Date	Presented/ Attended – Those held in the posting for your batch should be filled here	What did you learn by participating in this activity
CM 10.2 Enumerate and describe the methods of screening high risk groups and common health problems	1. Assessment of antenatal woman			
	2. Assessment of postnatal woman			
	3. Assessment of newborn child			
	4. Assessment of under-five child			
	5. Assessment of an adolescent			
CM12.2 - Describe health problems of aged population CM12.3 - Describe the prevention of health problems of aged population	6. Assessment of a Geriatric person			
CM7.2 Enumerate, describe and discuss the modes of transmission and measures for prevention and control of communicable and noncommunicable diseases	7. Assessment of a case with a health problem ..... (physically or mentally disabled, chronically ill, bed ridden, cancers etc.)			

CM 8.2 Describe and discuss the epidemiological and control measures including the use of essential laboratory tests at the primary care level for NCD (Diabetes, Hypertension, Stroke, Obesity and Cancer, etc	8.Assessment of a case of hypertension/T2DM/Obesity			
CM 8.2 Significance of Non-Modifiable Risk Factors				

\*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.

*Beaque*

*Praveen*

*Margaret*

*Shahid*

*John*

*20/11*

*SB*

*EF*

Observation: Family Visits and Index case work up

Total number of days of family visits and index case workup you attended: .....

[illegible]

1. The first part of the document is a list of names and their corresponding addresses. The names are listed in the first column, and the addresses are listed in the second column. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, 456 Elm St, and 789 Oak St.

2. The second part of the document is a table with two columns. The first column is labeled "Name" and the second column is labeled "Address". The data is as follows:

Name	Address
John Doe	123 Main St
Jane Smith	456 Elm St
Bob Johnson	789 Oak St

3. The third part of the document is a list of names and their corresponding addresses. The names are listed in the first column, and the addresses are listed in the second column. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, 456 Elm St, and 789 Oak St.

100942  
June

Handwritten signature: *Handwritten signature*



student.

Observation 6

Observation: Visit to special OPD or organizations

(Any one visit to be described here)

Date of the visit being described below:.....

What did you observe?

---

---

---

---

---

---

---

---

Based on your discussion with the patients and healthcare staff during the visit to the clinic, comment on the problems/challenges faced by the patients/caregivers?

---

---

---

---

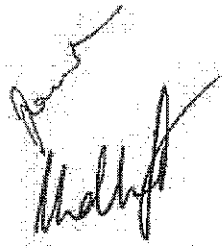
---

---





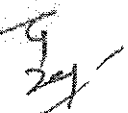
---

---

Signature of the Facilitator



Signature of the student

Reflective writing

Reflection: AETCOM Module

Name and number of the AETCOM Module: .....

Dates of AETCOM teaching: .....

What happened during the sessions?

---

---

---

---

---

---

---

---

What did you learn?

---

---

---

---

---

---

---

---

How will this help you in future?

---

---

---

---

---

---

---

---

Signature of the Facilitator

*[Handwritten signature]*  
*[Handwritten signature]*

Signature of the student

*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*  
*[Handwritten signature]*



Table 11:

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

Skill (Practical) Competencies							
Competency # addressed	Name of Activity	Date dd-mm-yy	Attempt at Activity First(F) Repeat (R) Remedial (Re)	Rating *	Decision of faculty Completed (C) Repeat (R) Remedial	Initial Of Faculty/ Senior Resident and date	Feedback Received Initial of Learner
CM2.3 Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behaviour	Family posting: End posting assessment						
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						
CM7.4 Define, calculate, and interpret morbidity and mortality indicators based on given set of data	Calculate the indicators from a given data set						
CM1.10 Demonstrate the important aspects of the doctor patient relationship in a simulated environment (AETCOM)	Assessment in the field						
Research competencies CM6.4 - Enumerate, discuss and demonstrate Common sampling techniques, simple statistical methods, frequency distribution,	Assessment at the end of research methodology teaching						

*Janet*

*AR*

*Jaeger* 29

*Uddh*

*Naresh*

*JB* *F*

measures of central tendency and dispersion								

\*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.

*Handwritten signatures and initials:*  
 G. 24/1  
 Nagesh  
 S. Raghav  
 S.  
 P. S.

Table 12:

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

Knowledge (Theory) Competencies							
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 Resident And date	Feedba ck Receive d Initial of Learne r
CM3.2 Describe concepts of safe and wholesome water, sanitary sources of water, water purification processes, water quality standards, concepts of water conservation and rainwater harvesting	Students will prepare a checklist based on their observation during family visit and submit to the Facilitator. This will be assessed in end of posting family discussion.						
CM 16.2 Describing planning cycle	Seminar as decided by Facilitator						
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						

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

		investigation step by step						
CM5.7 Food hygiene		Checklist to be developed by the student and assessed in end of posting						

\*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.

*Deagat*  
*Amir*  
*Indy*  
*Nazeh*  
*Yusuf*  
*SA*  
*SA*  
*SA*  
*SA*  
*SA*

Table 13

Record of other activities related to research and academics

Activity	Details	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.		

*Scare* *Gay* *nayeli* *AR* *GF*  
*pen* *shah* *the* *Q*


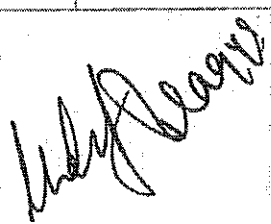




Annexure A – Attendance and marks recorded by the students so that they can track their own progress. Note that these entries are NOT VERIFIED by the department/institution.

Table 1:

Attendance for the sessions held by Department of Community Medicine

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

Phase	Total classes Held	Attended	Sig of student
Foundation Course			
Lecture			
Visits			
1 <sup>st</sup> Phase			
Lecture			
Visits			
2 <sup>nd</sup> phase			
Lecture			
Clinical/Family Posting			
AETCOM			
3 <sup>rd</sup> Phase			
Lecture			
Clinical/Family Posting			
AETCOM			









Marks Obtained in the various postings in Community Medicine:

	Maximum marks	Marks Obtained	Sign of the student	Feedback received* (Yes/No) date (dd-mm-yy)	Sign of the Faculty/ Facilitator#
2 <sup>nd</sup> Phase					
Clinical/Family Posting					
AETCOM					
3 <sup>rd</sup> Phase					
Clinical/Family Posting					
AETCOM					

\*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.

Wag

1.   
Nazari h. 24 g  
dk up

*[Handwritten signature]*

Table 3:

Marks Obtained: Terminal and Sent-Up Examination

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

	Theory (Maximum marks)	Marks Obtained
Phase I	60	
Phase II	40	
	40	
Phase III	60	
	Sent Up Paper-I: 100	
	Sent Up Paper-II: 100	

*Dr. Aggarwal*

*Patel*

*[Signature]*

*Mazhari*

*[Signature]*

*9/29/*

*[Signature]*

*[Signature]*



**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
दिल्ली विश्वविद्यालय

Page No.  
पृष्ठ संख्या

**MINUTES**

A meeting of the Committee of Courses & Studies in the Department of **Medicine** was held on **Tuesday the 15<sup>th</sup> November, 2022 at 2:30 p.m.** in the Committee Room, Faculty of Medical Sciences, 7<sup>th</sup> 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:

1. The committee evaluated and assessed in detail and discussed.
2. The log book and New CBME MBBS curriculum for MEDICINE were approved.

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

S. Anuradha  
Dr. S. Anuradha 15/11/22  
(Chairperson)

# GENERAL MEDICINE

## APPENDIX - I

### CBME CURRICULUM - (UG) - MEDICINE








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.
		IM1.1.2	Discuss broad classification of heart disease based on clinical evolution
		IM1.1.3	Discuss clinical course of each class
IM1.2	Describe and discuss genetic basis of heart failure.		
IM1.3	Describe and discuss the aetiology microbiology pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis	IM1.3.1	Discuss acute rheumatic fever.
		IM1.3.2	Discuss rheumatic valvular heart disease
		IM1.3.3	Discuss complications of rheumatic valvular heart disease
		IM1.3.4	Discuss infective endocarditis.
IM1.4	Stage heart failure	IM1.4.1	Discuss heart failure with reduced ejection fraction
		IM1.4.2	Discuss heart failure with preserved ejection fraction
		IM1.4.3	Discuss acute decompensated heart failure
		IM1.4.4	Discuss advanced heart

IM1.10	Elicit document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including: presenting complaints, precipitating and exacerbating factors, risk factors exercise tolerance, changes in sleep patterns, features suggestive of infective endocarditis	IM1.10.1	Elicit document and present history to establish the diagnosis of heart failure its cause and severity.
		IM1.10.2	Elicit document and present history of presenting complaints, precipitating and exacerbating factors, risk factors, exercise tolerance, changes in sleep patterns
		IM1.10.3	Elicit document and present history of features suggestive of infective endocarditis
IM1.11	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous forms and pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation	IM1.11.1	Perform and demonstrate a measurement of pulse
		IM1.11.2	Perform and demonstrate peripheral pulses
		IM1.11.3	Perform and demonstrate conjunctiva and fundus
		IM1.11.4	Perform and demonstrate lung, cardiac palpation
		IM1.11.5	Perform and demonstrate auscultation with identification of heart sounds and murmurs
		IM1.11.6	Perform and

✓ E. S. Ward by E. S. Ward  
in the name of the city

		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, contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone antagonists and cardiac glycosides	IM 1.24.1	Describe the pharmacological mechanism of action of drugs
		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 1.26.1	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		
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
		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
		IM 1.29.2	General and system specific examination
IM 1.30	Administer an intramuscular injection		

	disease		
		IM2.1.2	Describe the role of 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 Atherosclerosis and Ischaemic Heart Disease
IM2.2	Discuss the aetiology of risk factors both modifiable and non-modifiable of atherosclerosis and IHD	IM2.2.1	What are the non-modifiable risk factors of atherosclerosis and IHD
		IM2.2.2	Discuss the etiology of modifiable risk factors of atherosclerosis and Ischemic heart disease
		IM2.2.3	Describe the etiology of non-modifiable risk factors of atherosclerosis and Ischemic heart disease
IM2.3	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis	IM2.3.1	Describe the lipid cycle
		IM2.3.2	Define dyslipidemia
		IM2.3.3	Discuss the role of dyslipidemia in the pathogenesis of atherosclerosis
IM2.4	Discuss and describe the pathogenesis natural history, evolution and complications of atherosclerosis and IHD	IM2.4.1	Discuss the pathogenesis of atherosclerosis and IHD
		IM2.4.2	Describe the natural history and evolution of atherosclerosis and IHD
		IM2.4.3	Describe the complications of atherosclerosis and IHD
IM2.5	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes	IM2.5.1	Enumerate the various acute coronary syndromes
		IM2.5.2	Define the various acute coronary syndromes
		IM2.5.3	Discuss the evolution



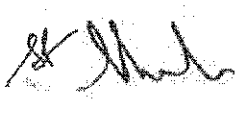

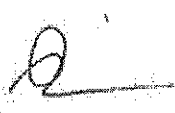

			clinical presentation
		IM2.7.3	Document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation
IM2.8	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on "cannot miss", most likely diagnosis and severity	IM2.8.1	Document a differential diagnosis based on the clinical presentation
		IM2.8.2	Present a differential diagnosis based on the clinical presentation
		IM2.8.3	Present a differential diagnosis prioritised based on "cannot miss", most likely diagnosis and severity
IM2.9	Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation	IM2.9.1	Describe the clinical features of stable and unstable angina
		IM2.9.2	Discuss the clinical presentation of AMI
		IM2.9.3	Differentiate between stable and unstable angina and AMI based on the clinical presentation
IM2.10	Order, perform and interpret an ECG	IM2.10.1	Order an ECG in ACS
		IM2.10.2	Perform an ECG in ACS
		IM2.10.3	Interpret an ECG in ACS
IM2.11	Order and interpret a Chest X-ray and markers of acute myocardial infarction	IM2.11.1	Order a Chest X-ray for acute myocardial infarction
		IM2.11.2	Interpret a Chest X-ray of acute myocardial infarction
		IM2.11.3	Order markers of acute myocardial infarction
		IM2.11.4	Interpret markers of acute myocardial infarction
IM2.12	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context	IM2.12.1	Interpret a lipid profile in the clinical context


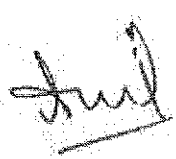


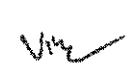
			the relatives of a patient having Acute MI and prognosis of the patient
IM2.17	Discuss and describe the indications and methods of cardiac rehabilitation	IM2.17.1	Discuss the indications of cardiac rehabilitation
		IM2.17.2	Describe various methods of cardiac rehabilitation
IM2.18	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of dyslipidemia	IM2.18.1	Classify the categories of dyslipidemia in a tabular format
		IM2.18.2	classify the drugs used in management of dyslipidemias giving suitable example of each, including newer drugs
		IM2.18.3	Briefly describe the indications, doses, formulation and adverse of each class of drugs (including therapeutic monitoring)
IM2.19	Discuss and describe the pathogenesis, recognition and management of complications of acute coronary syndromes including arrhythmias, shock, LV dysfunction, papillary muscle rupture and pericarditis	IM2.19.1	Describe the types and etiopathogenesis of ACS
		IM2.19.2	Briefly describe the clinical manifestations of both electrical and mechanical complications and Acute and chronic complications of acute MI
		IM2.19.3	Discuss the management of electrical complications(VT,VF)and mechanical complications of acute MI
IM2.20	Discuss and describe the assessment and relief of pain in acute coronary syndromes	IM2.20.1	Enumerate the classes of anti-anginals drugs used in clinical practice with



	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

	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
IM3.8	Demonstrate in a mannequin and interpret results of an arterial blood gas examination	IM3.8.1	Perform ABG in a mannequin
		IM3.8.2	Interpret ABG analysis
IM3.9	Demonstrate in a mannequin and interpret results of a pleural fluid aspiration	IM3.9.1	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
		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 aetiology, 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 empirical 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
		IM3.15.2	Describe hospital CURB-65
		IM3.15.3	Describe management of CAP
		IM3.15.4	Enumerate Indications for referral to ITU

			immune status of the 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
		IM 4.2.2	Describe clinical presentation, management and outcome of febrile response in immuno-compromised host
		IM 4.2.3	Describe clinical presentation, management and outcome of febrile response in malignancy
		IM 4.2.4	Describe clinical presentation, management and outcome of febrile response in febrile neutropenia
		IM 4.2.5	Describe clinical presentation, management and outcome of febrile response in HIV patients
		IM 4.2.6	Describe clinical presentation, management and outcome of febrile response in case of history of travel
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	Discuss various prevalent infections in different parts of India

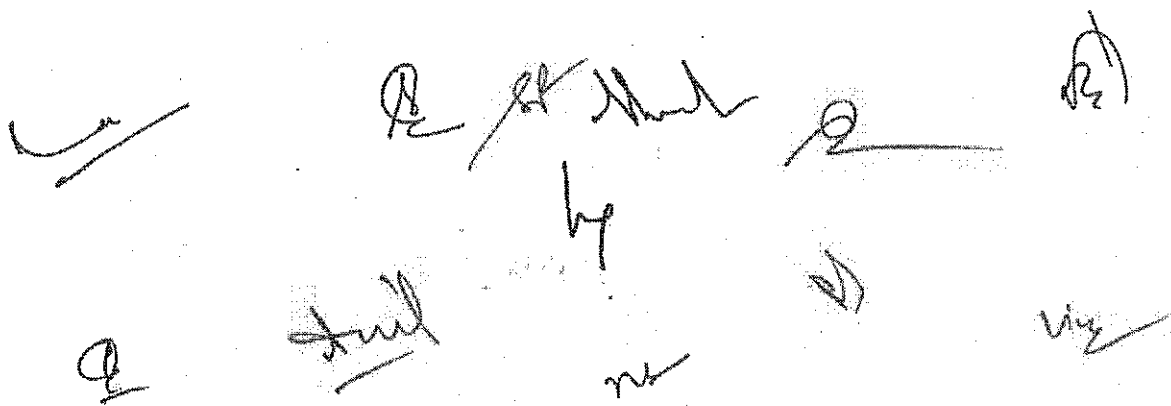
		IM 4.5.3	Describe the clinical features ( fever and other manifestations )of malignancy particularly in haematological malignancies
		IM 4.5.4	Discuss the management of fever in malignancies
IM 4.6	Discuss and describe the pathophysiology and manifestations of malaria	IM 4.6.1	Discuss the epidemiology of malaria
		IM 4.6.2	Discuss the life cycle of plasmodium
		IM 4.6.3	Discuss the pathophysiology of malaria
		IM 4.6.4	Describe the clinical features of malaria
		IM 4.6.5	Discuss the investigations and treatment of malaria
		IM 4.6.6	Discuss the preventing measures and government programme related to malaria
IM4.7	Discuss and describe the pathophysiology and manifestations of the sepsis syndrome	IM 4.7.1	Define sepsis syndrome
		IM 4.7.2	Describe the pathophysiology of sepsis
		IM 4.7.3	Describe the etiology and risk factors associated with sepsis
		IM 4.7.4	Describe the various clinical manifestations of sepsis
		IM 4.7.5	Describe the investigations , treatment of sepsis syndrome
IM 4.8	Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host (neutropenic host, nosocomial host and	IM 4.8.1	Become familiar with the definition of fever of known origin (FUO).

			associated with occupation, travel, environment and medications on febrile response
		IM 4.9 .6	Discuss a case based 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 spleen)	IM 4.10.1	Perform examination of skin and mucosa and correlation for making diagnosis
		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

			diagnosis
		IM 4.12.7	Discuss the pleural and ascitic fluid analysis and their clinical significance
		IM 4.12.8	Discuss the importance of stool examination in making diagnosis
IM 4.13	Perform and interpret a sputum gram stain	IM 4.13.1	Discuss the indications of sputum gram stain
		IM 4.13.2	Discuss the methodology of obtaining sample
		IM 4.13.3	Discuss the storage and transportation of sample
		IM 4.13.4	Discuss the importance of gross examination of sputum
		IM 4.13.5	Discuss the specific staining method of examination of sputum samples
		IM 4.13.6	Interpretation of findings in relation to clinical scenario
IM 4.14	Perform and interpret a sputum AFB	IM 4.14.1	Discuss the indications of sputum AFB stain
		IM 4.14.2	Discuss the methodology of obtaining sample
		IM 4.14.3	Discuss the storage and transportation of sample
		IM 4.14.4	Discuss the specific staining method of examination of sputum samples
		IM 4.14.5	Interpretation of findings in relation to clinical scenario
IM 4.15	Perform and interpret a malarial smear	IM 4.15.1	Discuss the indications of peripheral smear of malaria
		IM 4.15.2	Discuss the method of collecting sample
		IM 4.15.3	Discuss the storage and transportation of sample
		IM 4.15.4	Discuss the specific staining method of

		IM 4.17.5	Describe the various methods of staining of Bone marrow
IM 4.18	Enumerate the indications for use of imaging in the diagnosis of febrile syndromes	IM 4.18.1	Enumerate the indications of Chest X ray in febrile syndrome
		IM 4.18.2	Enumerate the indications of CT and MRI body in febrile syndrome
		IM 4.18.3	Describe the various findings in Chest x ray and their interpretation in febrile syndrome
		IM 4.18.4	Describe the various findings in CT and MRI and their interpretation in febrile syndrome
IM 4.19	Assist in the collection of blood and wound cultures	IM 4.19.1	Enumerate Indications of blood and wound cultures
		IM 4.19.2	Discuss aseptic conditions for sample collection
		IM 4.19.3	Describe methodology to collect blood and wound cultures
		IM 4.19.4	Discuss the storage and transportation of sample
IM 4.20	Interpret a PPD (Mantoux)	IM 4.20.1	Discuss Indications of PPD
		IM 4.20.2	Discuss the procedure of performing PPD test
		IM 4.20.3	Discuss the observation of PPD test
		IM 4.20.4	Discuss the clinical significance of PPD test including in special population like in HIV
IM 4.21	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner	IM 4.21.1	Prepare a clinical case scenario based on history and examination
		IM 4.21.2	Discuss the non-invasive and invasive investigations to reach the diagnosis

			and immuno-compromised host
		IM 4.24.5	Discuss the appropriate treatment plan in immuno-competent host and immuno-compromised host
IM 4.25	Communicate to the patient and family the diagnosis and treatment	IM 4.25.1	Communicate to the patient and family about the diagnosis
		IM 4.25.2	Communicate to the patient and family about the severity of the disease
		IM 4.25.3	Communicate to the family regarding relevant investigations and treatment plan
		IM 4.25.4	Communicate about prognosis of the disease
IM 4.26	Counsel the patient on malarial prevention	IM 4.26.1	Counsel the patient about importance of malarial prevention
		IM 4.26.2	Counsel the patient about available pharmacological treatment for prevention of malaria
		IM 4.26.3	Counsel the patient about non-pharmacological measures for prevention of malaria
		IM 4.26.4	Discuss the government plans for the prevention of malaria





IM5.3	Describe and discuss the pathologic changes in various forms of liver disease	IM5.3.1	Describe the pathologic changes in various forms of liver disease
		IM5.3.2	Discuss the clinical implications of pathologic changes in various forms of liver disease
IM5.4	Describe and discuss the epidemiology, microbiology, immunology, and clinical evolution of infective (viral) hepatitis	IM5.4.1	Describe and discuss the epidemiology, 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 (viral) hepatitis (Chronic)
IM5.5	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease	IM5.5.1	Describe and Discuss the pathophysiology of alcoholic liver disease
		IM5.5.2	Discuss the clinical evolution of alcoholic liver disease
IM5.6	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy	IM5.6.1	Describe the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome and hepatic encephalopathy
		IM5.6.2	2. Discuss the pathophysiology, clinical evolution and complications of cirrhosis and portal hypertension including ascites, spontaneous bacterial peritonitis, hepatorenal syndrome

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

			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 encephalopathy	IM5.16.1	Describe the management of hepatitis, cirrhosis, and portal hypertension.
		IM5.16.2	Discuss the management of hepatitis, cirrhosis, and portal hypertension.
		IM5.16.3	Describe spontaneous ascites and, bacterial peritonitis
		IM5.16.4	Discuss spontaneous ascites and, bacterial peritonitis
		IM5.16.5	Describe hepatic encephalopathy
		IM5.16.6	Discuss Hepatic encephalopathy.
IM5.17	Enumerate the indications, precautions and counsel patients on vaccination for hepatitis	IM5.17.1	Enumerate the indications, on vaccination for hepatitis
		IM5.17.2	Enumerate the precautions on vaccination for hepatitis
		IM5.17.3	Counsel patients on vaccination for hepatitis
IM5.18	Enumerate the indications for hepatic transplantation	IM5.18.1	Enumerate the indications and contraindications for hepatic transplantation

			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
		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
		IM6.4.5	Classify Opportunistic infections based organ system involvement- Pulmonary/ Neurological/Gastrointestinal etc.
		IM6.4.6	Discuss the Common Opportunistic infections seen in HIV infection in India
		IM6.4.7	Describe the common clinical presentations of the Opportunistic infections
		IM6.4.8	Discuss the approach to Fever of Unknown origin or differential diagnosis of fever in HIV infection
IM6.5	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies	IM6.5.1	Describe the etio-pathogenesis of malignancies in HIV infection
		IM6.5.2	Classify HIV associated malignancies : AIDS defining malignancies (ADM) and Non AIDS defining malignancies (NADM)
		IM6.5.3	Enumerate the ADM and NADM in HIV
		IM6.5.4	Describe the common ADM and NADM seen in India and

			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
IM6.10	Choose and interpret appropriate diagnostic tests to diagnose Opportunistic infections including CBC, sputum examination and cultures, blood cultures, stool analysis, CSF analysis and Chest radiographs	IM6.10.1	Discuss the laboratory investigations of Opportunistic infections
		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 the findings for CT of the chest and brain and MRI	IM6.11.1	Enumerate the indications for Chest radiographs, CT Scan (chest, head, Abdomen, others), MRI in HIV infection
		IM6.11.2	Describe the findings in common Chest radiographs and CT and MRI
IM6.12	Enumerate the indications for and interpret the results of: pulse oximetry, ABG, Chest Radiograph	IM6.12.1	Enumerate the indications of pulse oximetry in patients with HIV infection
		IM6.12.2	Interpret the findings of pulse oximetry
		IM6.12.3	Enumerate the indications of arterial blood gas (ABG)

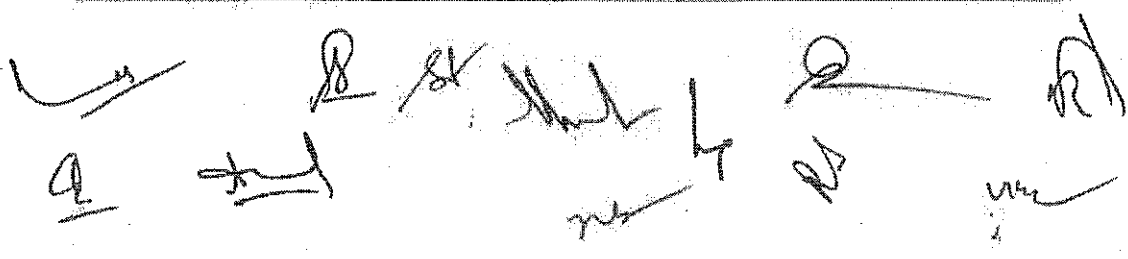
			action and their pharmacokinetics
		IM6.16.4	Describe the common adverse effects of different classes of antiretroviral drugs
		IM6.16.5	Describe the common drug-drug interactions of different classes of antiretroviral drugs
		IM6.16.6	Discuss the principles of Antiretroviral treatment
		IM6.16.7	Discuss the eligibility of patients for ART initiation and the concept of universal ART
		IM6.16.8	Outline the clinical assessment and preparedness for ART initiation in patients with HIV infection
		IM6.16.9	Discuss the recommended first line Antiretroviral treatment for HIV in the National Programme
		IM6.16.10	Discuss ART adherence and describe the facilitators and barriers for adherence
		IM6.16.11	Outline the principles and diagnosis of antiretroviral treatment failure
		IM6.16.12	Describe the second line ART, third line ART regimen
		IM6.16.13	Discuss the clinical, laboratory, immunological and virological monitoring of patients on ART
IM6.17	Discuss and describe the principles and regimens used in post exposure prophylaxis	IM6.17.1	Define post exposure prophylaxis and discuss its principles
		IM6.17.2	Discuss the methods of HIV transmissions and their associated risk
		IM6.17.3	Discuss the possible methods of occupational exposure to HIV and their risk

			HIV transmission through role play / simulated patient
IM6.20	Communicate diagnosis, treatment plan and subsequent follow up plan to patients	IM6.20.1	Communicate a HIV positive result to a client and perform post-test counselling through role play / simulated patient
		IM6.20.2	Discuss with a patient the treatment plan and process of initiation of ART through role play / simulated patient
		IM6.20.3	Communicate and discuss with the patient the follow up and monitoring plan after ART initiation through role play
IM6.21	Communicate with patients on the importance of medication adherence	IM6.21.1	Communicate with a patient on the importance of ART adherence through role play / simulated patient
		IM6.21.2	Assess ART adherence in a patient
		IM6.21.3	Identify and address the facilitators and barriers of adherence to ART in a patient through role play/ simulated patient
IM6.22	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV	IM6.22.1	Discuss the concept of patient confidentiality and disclosure in HIV
		IM6.22.2	Discuss the ethical issues associated with HIV infection
		IM6.22.3	Discuss the legal issues associated with HIV infection
		IM6.22.4	Discuss the components of the HIV/ AIDS (Prevention and Control) Act 2017, Govt. of India
IM6.23	Demonstrate a non-judgemental attitude to patients with HIV and to their lifestyles	IM6.23.1	Discuss the role of society and Community in HIV infection
		IM6.23.2	Demonstrate a non-judgemental attitude to patients with HIV and to

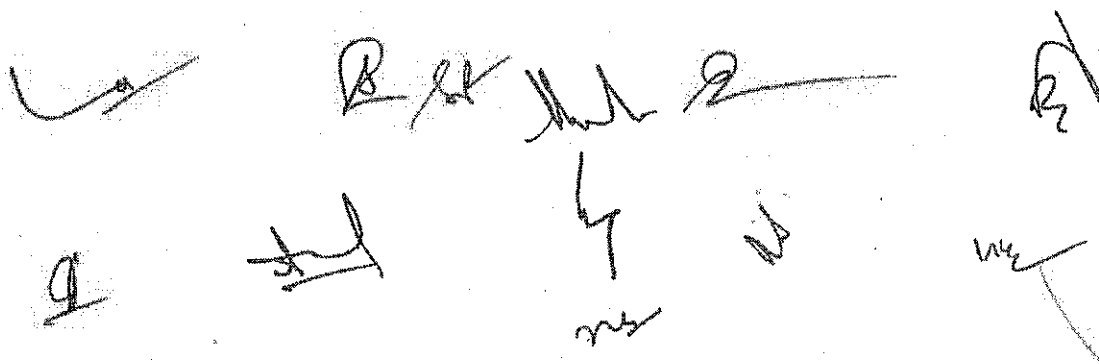
		IM7.5.3	Discuss causes approach to chronic joint pain
IM7.6	Discriminate, describe and discuss arthralgia from arthritis and mechanical from inflammatory causes of joint pain	IM7.6.1	Differentiating features of arthralgia from arthritis
		IM7.6.2	Discuss inflammatory from non-inflammatory joint pain
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 joint 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 Rheumatoid Arthritis
		IM7.10.2	Discuss complications of Rheumatoid Arthritis
		IM7.10.3	Discuss extra articular manifestations of SLE
IM 7.11	Elicit document and present a medical history that will differentiate the	IM 7.11.1	Student should be able to present and document the



			the indications and interpretation of RA
		IM 7.15.4	Student should be able to enumerate and discuss the indications and interpretation of ANA
		IM 7.15.5	Student should be able to enumerate and discuss the indications and interpretation of DNA
		IM 7.15.6	Student should be able to enumerate and discuss the indications and interpretation of other tests of autoimmunity
IM 7.16	Enumerate the indications for arthrocentesis	IM 7.16.1	Student should be able to enumerate and discuss the indications for arthrocentesis
IM 7.17	Enumerate the Indications and Interpret plain radiographs of joints	IM 7.17.1	Student should be able to enumerate and discuss the indications of plain radiographs of joints
		IM 7.17.2	Student should be able to discuss the interpretation of plain radiographs of joints
IM 7.18	Communicate diagnosis, treatment plan and subsequent follow up plan to patients	IM 7.18.1	Student should be able to communicate the diagnosis to patients of rheumatologic disease
		IM 7.18.2	Student should be able to communicate the treatment plan to patients of rheumatologic disease
		IM 7.18.3	Student should be able to communicate the subsequent follow up plan to patients of rheumatologic disease
IM 7.19	Develop an appropriate treatment plan for patients with rheumatologic diseases	IM 7.19.1	Student should be able to discuss and develop an appropriate treatment plan for patients with



		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.
		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



	<b>hypertension</b>	IM8.5	Describe and discuss the various secondary causes of hypertension including less common or miscellaneous causes of hypertension.
IM8.6	<b>Define, describe, and discuss and recognize hypertensive urgency and emergency</b>	IM8.6.1	Define, describe, and discuss hypertensive urgency and emergency.
		IM8.6.2	Differentiate between hypertensive urgency and emergency.
		IM8.6.3	Discuss various drugs used for hypertensive urgency and emergency and discuss their side effects profile.
IM8.7	<b>Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension</b>	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.
IM8.8	<b>Describe, discuss, and identify target organ damage due to hypertension</b>	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	<b>Elicit document and present a medical history that includes duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy</b>	IM8.9.1	Elicit, document, and present a medical history including duration, levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary session, previous

IM8.13	Enumerate the indications for and interpret the results of: CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, ECG	IM8.13.1	Enumerate the indications for workup lab tests.
		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.
		IM8.14.2	Discuss the treatment plan for essential hypertension.
		IM8.14.3	Describe and discuss the mechanism of action of antihypertensive drugs.
		IM8.14.4	Discuss the side effects profile of individual drugs for hypertension.
IM8.15	Recognize, prioritize, and manage hypertensive emergencies	IM8.15.1	Recognize hypertension-emergencies.
		IM8.15.2	Prioritise and manage hypertension emergencies.
		IM8.15.3	Discuss drugs available for hypertensive emergencies.
		IM8.15.4	Discuss management of hypertension in special conditions like stroke, ICH, pregnancy.
IM8.16	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity, and sodium intake	IM8.16.1	Develop communicative skills to the patients.
		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

			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.
IM9.3	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, and family history	IM9.3.1	1. To take medical history for anemia and its types
		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
IM9.5	Generate a differential diagnosis and prioritize based on clinical features that suggest a specific aetiology	IM9.5.1	1.Generate differential diagnosis in order of priority based on history and examination
		IM9.5.2	2.Suggest most likely

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 anemia 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
IM9.16	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.
		IM9.17.2	Describe various blood components.
		IM9.17.3	List and Discuss the indications of blood transfusion.
IM9.18	Describe the indications for blood transfusion and the appropriate use of blood components	IM9.18.1	Discuss indications of blood transfusion
		IM9.18.2	Discuss available blood components and their indications of use under different situation
		IM9.18.3	Discuss complications and

*Handwritten signatures and initials:*  
 a, fel, R of, Mark, L, W, R, m

## 10 Kidney Disease

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

*[Handwritten signatures and initials]*

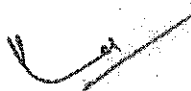

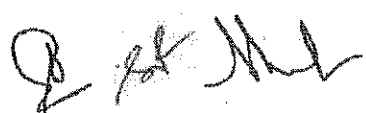
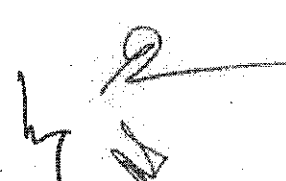

			and treatment of AKI
IM10.5	Describe and discuss the aetiology of CRF	IM10.5.1	Define CRF as per guidelines.
		IM10.5.2	Define the clinical features and natural history of CRF
		IM10.5.3	Discuss the epidemiology of CRF.
		IM10.5.4	Describe the pathophysiology and etiology of CRF
IM10.6	Stage Chronic 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 biochemical manifestation of uremia including fluid and electrolyte imbalance, and neuromuscular abnormality.
IM10.8	Classify, describe, and discuss the significance of proteinuria in CKD	IM10.8.1	Describe approach to a patient with proteinuria.
		IM10.8.2	Discuss the evaluation of proteinuria in a patient with CKD.
		IM10.8.3	Management of proteinuria in CKD
IM10.9	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



			hyperphostemia, Hyperparathyroidism, sleep apnea on CKD.
		IM10.11.5	Discuss abnormal cardiac function and heart failure in CKD.
		IM10.11.6	Discuss the effect of dialysis on cardiac functions in CKD.
IM10.12	Elicit document and present a medical history that will differentiate the aetiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and systemic causes	IM10.12.1	Elicit and document history of azotemia in terms of clinical presentation including duration of disease, urine output and signs of uremia.
		IM10.12.2	Elicit past medical history in a patient with renal disorder considering co morbidities and pre- disposing conditions.
		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
		IM10.13.2	Perform systematic examination that establishes the diagnosis and severity including determination of volume status, presence of

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

			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

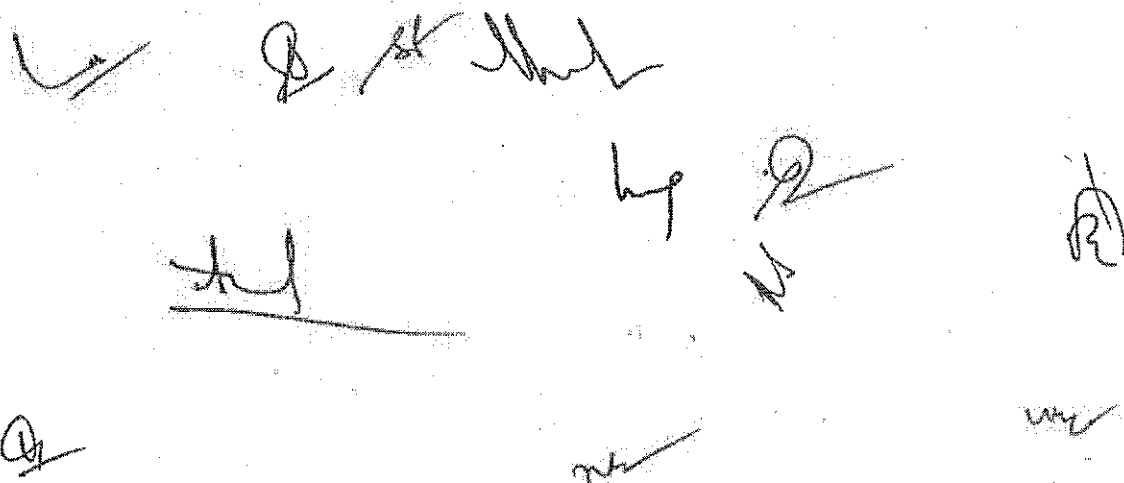
  





			factors for type 2 diabetes
		IM 11.3.4	Describe the economic impact of type 2 diabetes
		IM 11.3.5	Describe the clinical evolution of diabetes highlighting the prediabetic stage and importance of insulin resistance
		IM 11.3.6	Discuss the clinical features of type 2 diabetes
IM 11.4	Describe and discuss the genetic background and the influence of the environment on diabetes	IM 11.4.1	Discuss the influence of genetics on diabetes
		IM 11.4.2	Describe and discuss the influence of environment on diabetes
IM 11.5	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes	IM 11.5.1	Discuss the pathogenesis and temporal evolution of microvascular complications of diabetes
		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
		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

		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)
		IM 11.8.3	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement and BMI.
		IM 11.8.4	Perform a systematic examination that establishes the diagnosis and severity that includes fundus examination
		IM 11.8.5	Perform a systematic examination that establishes the diagnosis and severity that includes detailed examination of the foot (pulses, nervous and deformities and injuries)
IM 11.9	Describe and recognise the clinical features of patients who present with a diabetic emergency	IM 11.9.1	Enumerate common diabetic emergencies
		IM 11.9.2	Describe and discuss how to recognize patients presenting with of Diabetic ketoacidosis based on clinical features
		IM 11.9.3	Describe and discuss how to recognize patients presenting with of Hyperglycaemic hyperosmolar non-ketotic coma (HONK) based on clinical features
		IM 11.9.4	Describe and discuss how to recognize patients presenting with of Hypoglycemia based on clinical features
IM 11.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology of diabetic emergency	IM11.10.1	Discuss and interpret the differential diagnosis on the basis of clinical features of a diabetic emergency
		IM11.10.2	Interpret and suggest probable diagnosis and etiology of diabetic emergency
IM 11.11	Order and interpret laboratory tests to	IM11.11.1	Enumerate and describe the

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

			as per above discussion
IM 11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment	IM11.22.1	Discuss hypoglycaemia in diabetics - Causes and risk factors
		IM11.22.2	Describe clinical assessment of hypoglycaemia, investigations; awareness of hypoglycemia
		IM11.22.3	Discuss management of hypoglycaemia - Emergency management, prevention
IM11.23	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis	IM11.23.1	Discuss diabetic Ketoacidosis - Pathogenesis
		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	Discuss HONK - Clinical features
		IM11.24.3	Discuss HONK - Investigations and management



			pathogenesis of thyroid disease
IM12.2	Describe and discuss the genetic basis of some forms of thyroid dysfunction	IM12.2.1	Discuss the genetic basis of hypothyroidism, Graves' disease, autoimmune thyroid disease & thyroid cancer
IM12.3	Describe & discuss the physiology of the Hypothalamo-pituitary-thyroid axis, principles of thyroid function testing & alterations in physiologic function	IM12.3.1	Describe the physiology of the hypothalamopituitary-thyroid axis
		IM12.3.2	Discuss the principles of thyroid function testing
		IM12.3.3	Discuss the alterations of thyroid function tests in various physiological conditions like pregnancy, old age.
IM12.4	Describe & discuss the principles of radio iodine 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)
		IM12.5.2	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 thyrotoxicosis. Present

*[Handwritten signatures and initials are present below the table, including "A", "J", "K", "L", "M", "N", "O", "P", "Q", "R", "S", "T", "U", "V", "W", "X", "Y", "Z", "AA", "AB", "AC", "AD", "AE", "AF", "AG", "AH", "AI", "AJ", "AK", "AL", "AM", "AN", "AO", "AP", "AQ", "AR", "AS", "AT", "AU", "AV", "AW", "AX", "AY", "AZ", "BA", "BB", "BC", "BD", "BE", "BF", "BG", "BH", "BI", "BJ", "BK", "BL", "BM", "BN", "BO", "BP", "BQ", "BR", "BS", "BT", "BU", "BV", "BW", "BX", "BY", "BZ", "CA", "CB", "CC", "CD", "CE", "CF", "CG", "CH", "CI", "CJ", "CK", "CL", "CM", "CN", "CO", "CP", "CQ", "CR", "CS", "CT", "CU", "CV", "CW", "CX", "CY", "CZ", "DA", "DB", "DC", "DD", "DE", "DF", "DG", "DH", "DI", "DJ", "DK", "DL", "DM", "DN", "DO", "DP", "DQ", "DR", "DS", "DT", "DU", "DV", "DW", "DX", "DY", "DZ", "EA", "EB", "EC", "ED", "EE", "EF", "EG", "EH", "EI", "EJ", "EK", "EL", "EM", "EN", "EO", "EP", "EQ", "ER", "ES", "ET", "EU", "EV", "EW", "EX", "EY", "EZ", "FA", "FB", "FC", "FD", "FE", "FF", "FG", "FH", "FI", "FJ", "FK", "FL", "FM", "FN", "FO", "FP", "FQ", "FR", "FS", "FT", "FU", "FV", "FW", "FX", "FY", "FZ", "GA", "GB", "GC", "GD", "GE", "GF", "GG", "GH", "GI", "GJ", "GK", "GL", "GM", "GN", "GO", "GP", "GQ", "GR", "GS", "GT", "GU", "GV", "GW", "GX", "GY", "GZ", "HA", "HB", "HC", "HD", "HE", "HF", "HG", "HH", "HI", "HJ", "HK", "HL", "HM", "HN", "HO", "HP", "HQ", "HR", "HS", "HT", "HU", "HV", "HW", "HX", "HY", "HZ", "IA", "IB", "IC", "ID", "IE", "IF", "IG", "IH", "II", "IJ", "IK", "IL", "IM", "IN", "IO", "IP", "IQ", "IR", "IS", "IT", "IU", "IV", "IW", "IX", "IY", "IZ", "JA", "JB", "JC", "JD", "JE", "JF", "JG", "JH", "JI", "JJ", "JK", "JL", "JM", "JN", "JO", "JP", "JQ", "JR", "JS", "JT", "JU", "JV", "JW", "JX", "JY", "JZ", "KA", "KB", "KC", "KD", "KE", "KF", "KG", "KH", "KI", "KJ", "KK", "KL", "KM", "KN", "KO", "KP", "KQ", "KR", "KS", "KT", "KU", "KV", "KW", "KX", "KY", "KZ", "LA", "LB", "LC", "LD", "LE", "LF", "LG", "LH", "LI", "LJ", "LK", "LL", "LM", "LN", "LO", "LP", "LQ", "LR", "LS", "LT", "LU", "LV", "LW", "LX", "LY", "LZ", "MA", "MB", "MC", "MD", "ME", "MF", "MG", "MH", "MI", "MJ", "MK", "ML", "MM", "MN", "MO", "MP", "MQ", "MR", "MS", "MT", "MU", "MV", "MW", "MX", "MY", "MZ", "NA", "NB", "NC", "ND", "NE", "NF", "NG", "NH", "NI", "NJ", "NK", "NL", "NM", "NN", "NO", "NP", "NQ", "NR", "NS", "NT", "NU", "NV", "NW", "NX", "NY", "NZ", "OA", "OB", "OC", "OD", "OE", "OF", "OG", "OH", "OI", "OJ", "OK", "OL", "OM", "ON", "OO", "OP", "OQ", "OR", "OS", "OT", "OU", "OV", "OW", "OX", "OY", "OZ", "PA", "PB", "PC", "PD", "PE", "PF", "PG", "PH", "PI", "PJ", "PK", "PL", "PM", "PN", "PO", "PP", "PQ", "PR", "PS", "PT", "PU", "PV", "PW", "PX", "PY", "PZ", "QA", "QB", "QC", "QD", "QE", "QF", "QG", "QH", "QI", "QJ", "QK", "QL", "QM", "QN", "QO", "QP", "QQ", "QR", "QS", "QT", "QU", "QV", "QW", "QX", "QY", "QZ", "RA", "RB", "RC", "RD", "RE", "RF", "RG", "RH", "RI", "RJ", "RK", "RL", "RM", "RN", "RO", "RP", "RQ", "RR", "RS", "RT", "RU", "RV", "RW", "RX", "RY", "RZ", "SA", "SB", "SC", "SD", "SE", "SF", "SG", "SH", "SI", "SJ", "SK", "SL", "SM", "SN", "SO", "SP", "SQ", "SR", "SS", "ST", "SU", "SV", "SW", "SX", "SY", "SZ", "TA", "TB", "TC", "TD", "TE", "TF", "TG", "TH", "TI", "TJ", "TK", "TL", "TM", "TN", "TO", "TP", "TQ", "TR", "TS", "TT", "TU", "TV", "TW", "TX", "TY", "TZ", "UA", "UB", "UC", "UD", "UE", "UF", "UG", "UH", "UI", "UJ", "UK", "UL", "UM", "UN", "UO", "UP", "UQ", "UR", "US", "UT", "UU", "UV", "UW", "UX", "UY", "UZ", "VA", "VB", "VC", "VD", "VE", "VF", "VG", "VH", "VI", "VJ", "VK", "VL", "VM", "VN", "VO", "VP", "VQ", "VR", "VS", "VT", "VU", "VV", "VW", "VX", "VY", "VZ", "WA", "WB", "WC", "WD", "WE", "WF", "WG", "WH", "WI", "WJ", "WK", "WL", "WM", "WN", "WO", "WP", "WQ", "WR", "WS", "WT", "WU", "WV", "WW", "WX", "WY", "WZ", "XA", "XB", "XC", "XD", "XE", "XF", "XG", "XH", "XI", "XJ", "XK", "XL", "XM", "XN", "XO", "XP", "XQ", "XR", "XS", "XT", "XU", "XV", "XW", "XX", "XY", "XZ", "YA", "YB", "YC", "YD", "YE", "YF", "YG", "YH", "YI", "YJ", "YK", "YL", "YM", "YN", "YO", "YP", "YQ", "YR", "YS", "YT", "YU", "YV", "YW", "YX", "YY", "YZ", "ZA", "ZB", "ZC", "ZD", "ZE", "ZF", "ZG", "ZH", "ZI", "ZJ", "ZK", "ZL", "ZM", "ZN", "ZO", "ZP", "ZQ", "ZR", "ZS", "ZT", "ZU", "ZV", "ZW", "ZX", "ZY", "ZZ"]*



		IM12.9.2	Interpret the findings of CBC & thyroid function tests for establishing the diagnosis
		IM12.9.3	Interpret the findings of ECG for establishing the diagnosis
		IM12.9.4	Interpret the findings of Radioiodine uptake and scan for establishing the diagnosis
IM12.10	Identify Atrial fibrillation, pericardial effusion and bradycardia on ECG	IM12.10.1	On an ECG identify the findings of Atrial fibrillation
		IM12.10.2	On an ECG identify the findings of pericardial effusion
		IM12.10.3	On an ECG identify the findings of Bradycardia
IM12.11	Interpret Thyroid function tests in hypo and hyperthyroidism	IM12.11.1	Interpret the given samples of lab reports of thyroid function tests of cases with varying degrees of hypothyroidism and hyperthyroidism.
IM12.12	Describe and discuss the iodination programs of the government of India	IM12.12.1	Describe the salient features of the National iodine 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 &

## 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

			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
		IM13.8.4	Demonstrate examination of Reticuloendothelial and musculoskeletal systems

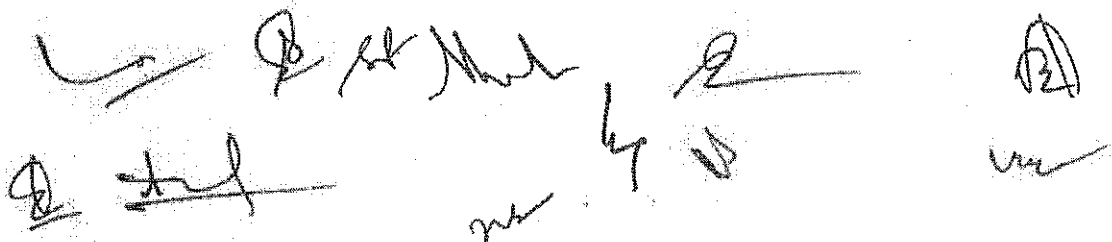
		IM13.11.3	Discuss Interpretation of tumor markers
IM13.12	Describe the Indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers	IM13.12.1	Discuss Interpretation of chest x-ray AP/lateral
		IM13.12.2	Discuss interpretation of bone 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
IM13.14	Describe the Indications for surgery, radiation and chemotherapy for common malignancies	IM13.14.1	Discuss Indication of chemotherapy in management of cancers.
		IM13.14.2	Discuss Indication of radiotherapy in management of cancers.
		IM13.14.3	Discuss Indication of surgery in management of cancers.
		IM13.14.4	Discuss combined modalities in management of cancers.
IM13.15	Describe the need, tests involved, their utility in the prevention of common malignancies	IM13.15.1	Discuss Need of screening for cancers
		IM13.15.2	Discuss When and whom to screen for malignancy.

## 14 Obesity

	COMPETENCY The student should be able to		SLOs
IM14.1	Define and measure obesity as it relates to the Indian population.	IM14.1.1	Define obesity.
		IM14.1.2	Discuss methods of measuring obesity in Indian Population
IM14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes	IM14.2.1	Describe etiology of obesity.
		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,

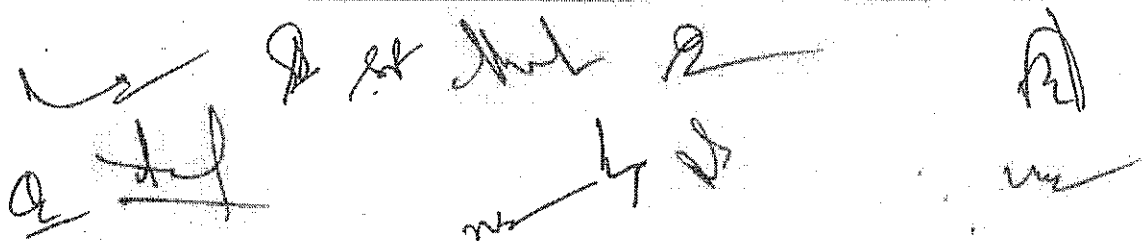
*[Handwritten signatures and initials are present below the table, including a large signature on the left and several smaller ones on the right.]*

		IM14.7.2	Document a physical examination based on the history that includes general examination, 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 on the presenting symptoms and clinical features and prioritize based on the most likely diagnosis	IM14.8.1	Generate a differential diagnosis based on the presenting symptoms and clinical features.
		IM14.8.2	Document and prioritize differential diagnosis based on the most likely diagnosis.
IM14.9	Order and interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.	IM14.9	Order and interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.
		IM14.9	Interpret diagnostic tests based on the clinical diagnosis including blood glucose, lipids, thyroid function tests etc.
IM14.10	Describe the indications and interpret the results of tests for secondary causes of obesity	IM14.10.1	Describe the indications for secondary causes of obesity
		IM14.10.2	Interpret the results of tests for secondary causes of obesity
IM14.11	Communicate and counsel patient on behavioral, dietary and lifestyle modifications	IM14.11.1	Counsel patient on behavioral, dietary and lifestyle modifications.
		IM14.11.2	Communicate patient on behavioral, dietary and lifestyle modifications
IM14.12	Demonstrate an understanding of	IM14.12.1	Demonstrate an



## 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	15.2.1	Enumerate the initial steps involved in evaluation of a patient presenting with acute GI blood loss.
		15.2.1	Briefly describe the steps involved in stabilizing a patient with acute GI blood loss
15.3	Describe and discuss the physiologic effects of acute blood and volume loss	15.3.1	Describe the clinical evaluation of acute blood loss.
		15.3.2	Briefly discuss the

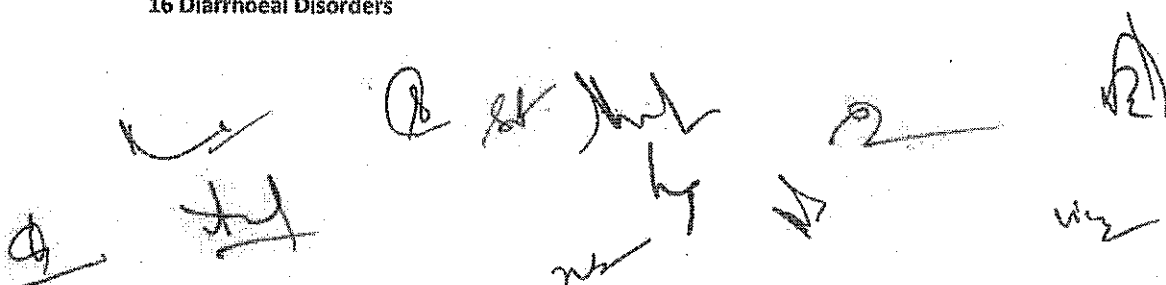


15.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	15.8.1	Describe the important differential diagnosis based on history and important physical examination of a patient presenting with upper & lower GI bleeding.
		15.8.2	Arrange the list of differential diagnosis according to clinical features & examination.
15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, and H.pylori test.	15.9.1	Discuss the interpretation & relevance of CBC, coagulation profile, LFT and stool testing in case of upper GI bleeding.
		15.9.2	Describe the various tests for invasive & non-invasive testing of prevalence of H.pylori & also eradication of H. Pylori.
15.10	Enumerate the indications for endoscopy, colonoscopy and other imaging procedures in the investigation of Upper GI bleeding	15.10.1	Enumerate the indications for endoscopy, and common findings in case of upper GI bleeding
		15.10.2	Discuss the findings on colonoscopy and capsule endoscopy in case of GI bleeding
15.11	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss	15.11.1	Discuss the treatment plan for fluid resuscitation & blood component resuscitation in a patient having mild, moderate & massive GI bleeding (upper & lower) as a flowchart
		15.11.2	Describe the specific therapeutic options in blood component therapy for upper & lower GI bleeding.
15.12	Enumerate the indications for whole blood, component and platelet	15.12.1	Discuss the indications of whole blood, packed



	<b>Interventions and Surgery</b>		<b>indications for endoscopic interventions.</b>
		15.16.2	Discuss the various endoscopic therapeutic options for treatment of moderate to massive upper GI bleeding & moderate to massive lower GI bleeding.
		15.16.3	Describe the various surgical procedures involved in massive upper GI bleeding & lower GI bleeding.
15.17	<b>Determine appropriate level of specialist consultation</b>	15.17.1	Discuss the various therapeutic strategies used in GI bleeding (medical/gastroenterological/surgical)
		15.17.2	Describe the role of therapeutic endoscopy, colonoscopy, interventional radiology and GI surgery in uncontrollable GI bleeding
15.18	<b>Counsel the family and patient in an empathetic non-judgmental manner on the diagnosis and therapeutic options</b>		Counsel on the various diagnostic and therapeutic options for GI bleed

## 16 Diarrhoeal Disorders



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
		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
IM 16.8	Choose and interpret diagnostic tests based on clinical diagnosis including complete blood count and stool examination	IM 16.8.1	Discuss and interpret complete blood count in diarrhoea
		IM 16.8.2	Discuss and interpret stool examination in diarrhoea
		IM 16.8.3	Choose and interpret the appropriate diagnostic tests for

			common parasitic cause 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
		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
		IM 16.16.3	Describe the pharmacology and side effects of the

	COMPETENCY The student should be able to		SLOs
IM 17.1	Define and classify headache and describe the presenting features, precipitating factors, aggravating and relieving factors of various kinds of headache	17.1.1	At the end of the session, the phase II student must be able to enumerate the classification and types of headaches correctly.
		17.1.2	At the end of the session, the phase II student must be able to differentiate between primary and secondary headaches correctly.
		17.1.3	At the end of the session, the phase II student must be able to describe the clinical features of various types of headaches correctly.
		17.1.4	At the end of the session, the phase II student must be able to discuss the clinical features of migraine, tension and cluster headache correctly.
		17.1.5	At the end of the session, the phase II student must be able to list the clinical features of raised intracranial pressure accurately.
IM 17.2	Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches	17.2.1	At the end of the session, the phase II student must be able to elicit all components of the history of a patient of headache presenting in the OPD accurately
		17.2.2	At the end of the session, the phase II student must be able to record the salient/cardinal features history of a patient of headache accurately to

			neurologic examination 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 neurologic examination to identify signs of raised intracranial tension accurately
		17.4.3	At the end of the session, the phase II student must be able to perform and demonstrate a focused neurologic examination to identify neck signs of meningitis accurately
		17.4.4	At the end of the session, the phase II student must be able to accurately identify and discuss the neurologic signs of different types of cerebral/brainstem herniation
IM 17.5	Generate document and present a differential diagnosis based on the clinical features and prioritise the diagnosis based on the presentation	17.5.1	At the end of the session, the phase III student must be able to make a list of differential diagnosis of causes of headache
		17.5.2	At the end of the session, the phase III student must be able to discuss the differential diagnosis of headache based on the history and examination findings accurately
		17.5.3	At the end of the session, the phase III student must be able to identify the clinical features in favour of and

				against each etiology in the list of differential diagnosis by documenting the points in the notes
			17.5.4	At the end of the session, the phase III student must be able to identify and interpret the clinical findings of the case to narrow the diagnosis to the most likely cause correctly, as far as possible
IM 17.6	Choose and interpret diagnostic testing based on the clinical diagnosis including imaging		17.6.1	At the end of the session, the phase III student must be able to correctly identify which patient of headache must undergo diagnostic testing, based on the clinical diagnosis
			17.6.2	At the end of the session, the phase III student must be able to correctly identify which patient of headache must undergo imaging, based on the clinical diagnosis
			17.6.3	At the end of the session, the phase III student must be able to correctly choose the further diagnostic investigations for headache, based on the clinical diagnosis
			17.6.4	At the end of the session, the phase III student must be able to correctly choose the imaging modality for investigation of headache (CT scan versus MRI), based on the accuracy, availability,

			cost and safety parameters
		17.6.5	At the end of the session, the phase III student must be able to correctly interpret the results of the investigations for headache, including imaging
IM 17.7	Enumerate the indications and describe the findings in the CSF in patients with meningitis	17.7.1	At the end of the session, the phase III 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 lumbar puncture
		17.7.3	At the end of the session, the phase III student must be able to correctly list the various parameters studied in a CSF sample in a case of meningitis
		17.7.4	At the end of the session, the phase III student must be able to correctly describe the normal CSF parameters and abnormal findings in CSF in patients of meningitis (bacterial, viral, tubercular)
IM 17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture	17.8.1	At the end of the session a phase IV student must be able to counsel the patient and attendants about lumbar puncture procedure and obtain their written consent correctly
		17.8.2	At the end of the session

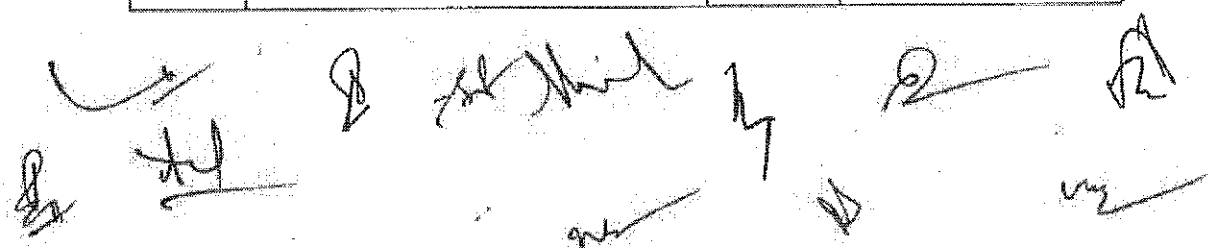
			the phase IV student must be able to correctly enumerate the steps of doing a lumbar puncture, including preparation, instruments, the procedure itself and post-procedure care
		17.8.3	At the end of the session the phase IV student must be able to enumerate and accurately identify the complications of lumbar puncture
		17.8.4	At the end of the session the phase IV student must have observed a lumbar puncture being done in a mannequin or patient
		17.8.5	At the end of the session the phase IV student must be able to demonstrate all the steps of a lumbar puncture on a mannequin
		17.8.6	At the end of the session the phase IV student must be able to document the lumbar puncture procedure in the notes accurately
		17.8.7	At the end of the session the phase IV student must be able to correctly describe collection, storage, handling and transportation of CSF samples to the laboratory for analysis.
IM 17.9	Interpret the CSF findings when presented with various parameters of CSF fluid analysis	17.9.1	At the end of the session a student of phase III must be able to list the various parameters analysed in CSF



		17.9.2	At the end of the session a student of phase III must be able to correctly identify and discuss the abnormal CSF findings in a report
		17.9.3	At the end of the session a student of phase III must be able to correctly interpret the CSF report and arrive at a likely etiology in the context of the clinical case
IM17.10	Enumerate the indications for emergency care admission and immediate supportive care in patients with headache	17.10.1	At the end of the session, the phase III student must be able to correctly list the indications for emergency admission in a patient of headache
		17.10.2	At the end of the session, the phase III student must be able to accurately elicit a focused, short history and perform a relevant neurological examination to identify which patients of headache need emergency admission
		17.10.3	At the end of the session, the phase III student must be able to correctly describe the supportive care (resuscitation, secure airway, IV access, lowering ICP) during emergency admission in patients of headache
IM17.11	Describe the indications, pharmacology, dose, side effects of abortive therapy in migraine	17.11.1	At the end of the session, a phase IV student must be able to correctly discuss the indications and contraindications of

			various drugs used for abortive therapy in migraine
		17.11.2	At the end of the session, a phase IV student must be able to list the drugs, their routes of administration and doses when used for abortive therapy in migraine
		17.11.3	At the end of the session, a phase IV student must be able to analyse and discuss the appropriate abortive therapy for an individual patient of migraine taking into account his/her disease pattern, choices, co-morbidities, toxicity, availability and cost
		17.11.4	At the end of the session, a phase IV student must be able to correctly counsel the patient regarding the dosing, precautions, and side-effects of abortive therapy
		17.11.5	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 and how to prevent medication (NSAID) overuse
IM17.12	Describe the indications, pharmacology, dose, side effects of prophylactic therapy in migraine	17.12.1	At the end of the session, a phase IV student must be able to discuss the indications and contraindications of drugs used for prophylactic therapy in

			migraine
		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 analyse and discuss the appropriate prophylactic therapy for an individual patient of migraine taking into account his/her disease pattern, choices, co-morbidities, toxicity, availability and cost
		17.12.4	At the end of the session, a phase IV student must be able to correctly counsel the patient regarding the dosing, precautions, compliance and side-effects of prophylactic therapy
		17.12.5	At the end of the session, a phase IV student must be able to counsel the patient about maintaining a headache diary
IM17.13	Describe the pharmacology, dose, adverse reactions and regimens of drugs used in the treatment of bacterial, tubercular and viral meningitis	17.13.1	At the end of the session, a phase III student must be able to correctly list the drugs, their routes of administration, duration and doses when used for treatment of bacterial, tubercular and viral meningitis

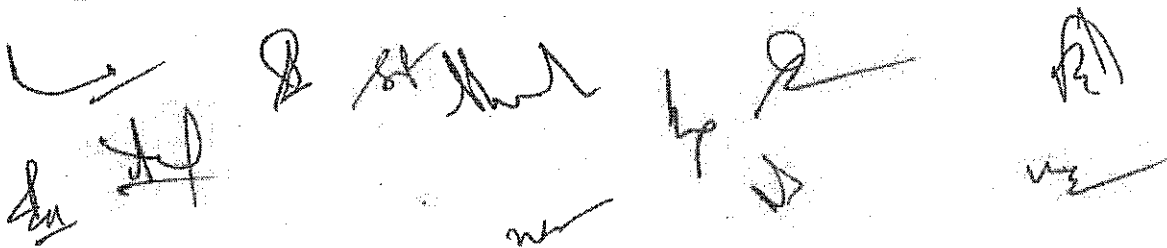


		17.13.2	At the end of the session, a phase IV student must be able to correctly choose antibiotics for empirical treatment of bacterial meningitis in adults
		17.13.3	At the end of the session, a phase IV student must be able to describe penicillin allergy testing, side-effects and renal dose modification in a case of bacterial meningitis
		17.13.4	At the end of the session, a phase IV student must be able to discuss the correct use of Acyclovir for a patient of viral meningitis (dose, administration, precautions, duration)
		17.13.5	At the end of the session, a phase IV student must be able to correctly discuss the prescription writing for treatment of tubercular meningitis based on weight, as per national guidelines
		17.13.6	At the end of the session, a phase IV student must be able to discuss the monitoring of patients for toxicity of anti-tubercular drugs
		17.13.7	At the end of the session, a phase IV student must be able to discuss the management of a patient who develops hepatotoxicity due to anti-tubercular therapy
		IM17.14	Counsel patients with migraine and
		17.14.1	At the end of the

	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
		17.14.5	At the end of the session, a phase IV student must be able to counsel the patient about the need to maintain a headache diary

## 18 CVA

	COMPETENCY		SLOs
--	------------	--	------



	The student should be able to		
IM18.1	Describe the functional and the vascular anatomy of the brain	IM18.1.1	Describe the functional anatomy of the brain
		IM18.1.2	Describe the vascular anatomy of the brain
IM18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing genetic and risk factors pathogenesis of hemorrhagic and non-hemorrhagic stroke	IM18.2.1	Classify cerebrovascular accidents
		IM18.2.2	Describe the aetiology, of hemorrhagic and non hemorrhagic stroke
		IM18.2.3	Describe the predisposing factors of hemorrhagic and non hemorrhagic stroke
		IM18.2.4	Describe the risk factors of hemorrhagic and non hemorrhagic stroke
		IM18.2.5	Describe the pathogenesis of hemorrhagic and non hemorrhagic stroke
IM18.3	Elicit and document and present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accident	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 cerebrovascular accident
			Present an appropriate history including onset, progression, precipitating and aggravating relieving factors, associated

			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 the history
		IM18.5.3	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
		IM18.6.4	Distinguish the lesion most probable nature of

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



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

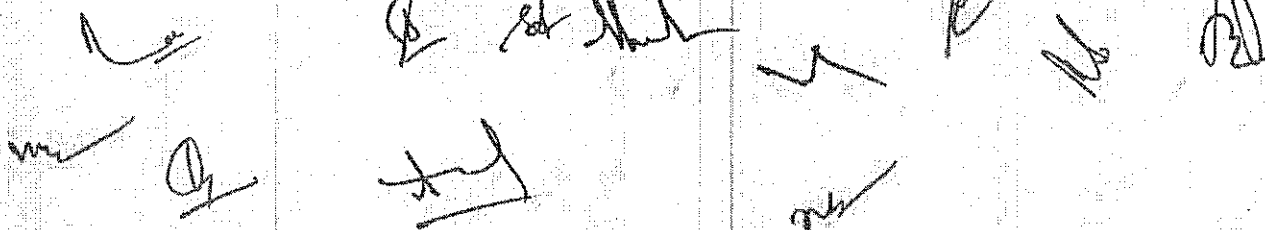
## 19 Movement Disorders

	Competency The student should be able to		SLOs
--	---	--	------

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
		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 help identify the cause of the movement disorders	IM19.3.1	Elicit a detailed history of present illness and temporal evolution
		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 movement rating scales	IM19.4.1	Demonstrate physical signs of systemic illness and neurocutaneous markers
		IM19.4.2	Perform detailed neurological examination with focus on motor system and tests of coordination
IM19.5	Generate document and present a differential diagnosis and prioritise based on the history and physical examination	IM19.5.1	Present differential diagnosis for movement disorders
IM19.6	Make a clinical diagnosis regarding on the anatomical location, nature and cause of the lesion based on the clinical presentation and findings	IM19.6.1	Make a neuroanatomical diagnosis of a movement disorder
		IM19.6.2	Make a pathological diagnosis of a movement disorder
		IM19.6.3	Make an etiological diagnosis of a movement disorder
IM19.7	Choose and interpret diagnostic and imaging tests in the diagnosis of movement disorders	IM19.7.1	Interpret radiological imaging tests done in movement disorders
		IM19.7.2	Interpret electrophysiological tests

			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
		IM19.8.2	Describe the Typical dosing of drugs used in Parkinson's disease
		IM19.8.3	Discuss the Side effects and interaction of drugs used in Parkinson's disease
IM19.9	Enumerate the Indications for use of surgery and botulinum toxin in the treatment of movement disorders	IM19.9.1	Enumerate the Indications for use of surgery in the treatment of movement disorders
		IM19.9.2	Enumerate the Indications of botulinum toxin in the treatment of movement disorders

## 20 Envenomation



	COMPETENCY The student should be able to		SLOs
IM20.1	Enumerate the local poisonous snakes and describe the distinguishing marks of each	IM20.1.1	Classify venomous snakes
		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 in the field	IM20.2.1	Explain/Demonstrate First Aid Treatment/ Field Management in a case of snake bite
		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
		IM20.3.2	Describe the early clues of severe envenoming in a case of snake bite
		IM20.3.3	Discuss treatment of Hypotension, AKI and shock in a case of snake bite
		IM20.3.34	Discuss treatment of neurotoxic envenomation in a case of snake bite
		IM20.3.5	Discuss treatment of the bitten part in a case of snake bite
IM20.4	Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake bite	IM20.4.1	How to elicit history in a patient who comes with alleged history of snake bite
IM20.5	Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination	IM20.5.1	Demonstrate the ABCDE approach to a patient with snake bite
		IM20.5.2	Demonstrate General Physical examination to a patient with snake bite
		IM20.5.3	Discuss the Local

EMPTY

EMPTY

Q

Q

			examination findings of a patient who presents with snake bite
		IM20.5.4	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 anti-snake venom	IM20.7.1	What is anti-venom?
		IM20.7.2	Describe the indications of use of Anti snake venom
		IM20.7.3	Describe the dose and administration of Anti snake venom
		IM20.7.4	List and discuss the adverse reactions of Anti snake venom
		IM20.7.5	Discuss treatment of Early anaphylactic and Pyrogenic Anti venom reactions
		IM20.7.6	Discuss treatment of Late (Serum sickness type) reactions
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
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



121

			reaction and anaphylaxis for Bee stings

21 Poisoning

	COMPETENCY		SLOs
--	------------	--	------

*Handwritten notes:*  
 1. step  
 2. step  
 3. step  
 4. step  
 5. step  
 6. step  
 7. step  
 8. step  
 9. step  
 10. step  
 11. step  
 12. step  
 13. step  
 14. step  
 15. step  
 16. step  
 17. step  
 18. step  
 19. step  
 20. step  
 21. step  
 22. step  
 23. step  
 24. step  
 25. step  
 26. step  
 27. step  
 28. step  
 29. step  
 30. step  
 31. step  
 32. step  
 33. step  
 34. step  
 35. step  
 36. step  
 37. step  
 38. step  
 39. step  
 40. step  
 41. step  
 42. step  
 43. step  
 44. step  
 45. step  
 46. step  
 47. step  
 48. step  
 49. step  
 50. step  
 51. step  
 52. step  
 53. step  
 54. step  
 55. step  
 56. step  
 57. step  
 58. step  
 59. step  
 60. step  
 61. step  
 62. step  
 63. step  
 64. step  
 65. step  
 66. step  
 67. step  
 68. step  
 69. step  
 70. step  
 71. step  
 72. step  
 73. step  
 74. step  
 75. step  
 76. step  
 77. step  
 78. step  
 79. step  
 80. step  
 81. step  
 82. step  
 83. step  
 84. step  
 85. step  
 86. step  
 87. step  
 88. step  
 89. step  
 90. step  
 91. step  
 92. step  
 93. step  
 94. step  
 95. step  
 96. step  
 97. step  
 98. step  
 99. step  
 100. step

	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
		IM21.1.2	Describe the risk assessment to predict the course of clinical toxicity
		IM21.1.3	Enlist the initial investigations that are sent in a patient of poisoning
		IM21.1.4	Describe the various methods of decontamination and elimination of poison
		IM21.1.5	Enumerate the antidotes available based on type of poisoning
IM21.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification	IM21.2.1	Enumerate the common plant poisons seen in their area
		IM21.2.2	Describe the toxicology of common plant poisons
		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
IM21.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis and approach to therapy	IM21.3.1	Enumerate the common corrosives used in their area
		IM21.3.2	Describe the toxicology of common corrosive poisoning
		IM21.3.3	

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

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 poisoning
IM21.8	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture	IM21.8.1	Enumerate the indications for psychiatric consultation
		IM21.8.2	Describe the precautions to be taken in a patient with suspected suicidal ideation/gesture

## 22 Mineral and Acid-base Disorders

	Competency The student should be able to		SLOs
IM22.1	Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia.	IM22.1.1	Describe physiology of calcium homeostasis

	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 hyperparathyroidism.	IM22.2.1	Discuss pathogenesis of 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 hyperparathyroidism.
		IM22.2.6	Describe surgery intervention in case primary hyperparathyroidism.
IM22.3	Describe the approach to the management of hypercalcemia.	IM22.3.1	Describe the pharmacology actions of drugs used in Hypercalcemia.
		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

	endocrine neoplasia syndromes.	IM22.4.2	Enumerate the components of the multiple endocrine neoplasia syndromes.
		IM22.4.3	Describe the genetic basis of the multiple endocrine neoplasia syndromes.
IM22.5	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient with hyponatremia.	IM22.4.1	Enumerate the causes and clinical features of hyponatremia.
		IM22.4.2	Describe diagnostic approach of hyponatremia.
		IM22.4.3	Describe management of the patient with hyponatremia
IM22.6	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hypernatremia.	IM22.6.1	Enumerate the causes and clinical features of hypernatremia.
		IM22.6.2	Describe the laboratory features and the correct approach to the diagnosis of hypernatremia.
		IM22.6.3	Describe the treatment of the patient with hypernatremia.
IM22.7	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hypokalemia.	IM22.7.1	Enumerate the causes and describe the clinical feature of hypokalemia.
		IM22.7.2	Describe the laboratory features and the correct approach to the diagnosis of hypokalemia.
		IM22.7.3	Describe the treatment of the patient with hypokalemia.
IM22.8	Enumerate the causes and describe the	IM22.8.1	Enumerate the causes

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

IM22.12	Enumerate the causes and describe the clinical and laboratory features of respiratory alkalosis	IM22.12.1	Describe the physiology of respiratory alkalosis.
		IM22.12.2	Enumerate the causes and describe the clinical features of respiratory alkalosis.
		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-base disorder based on an ABG report.
		IM22.13.3	Describe different clinical situation in ABG.

### 23 Nutritional and Vitamin Deficiencies

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



		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 consequences of protein caloric malnutrition in the hospital	IM 23.2.1	Describe nutritional physiology.
		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, complications, diagnosis and management of common vitamin deficiencies	IM 23.3.1	Enumerate common vitamin deficiencies.
		IM 23.3.2	Describe the causes and etiologies of common vitamin deficiencies.
		IM 23.3.3	Describe the clinical manifestation of common vitamin deficiencies.
		IM 23.3.4	Discuss the complication of common vitamin deficiency.
		IM 23.3.5	Discuss the diagnostic modalities of common vitamin deficiencies.
		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.
		IM 23.4.2	Enumerate the indication, provision and selection of enteral nutrition in critically ill

			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

	<b>Competency</b> The student should be able to		<b>SLOs</b>
IM24.1	Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation, and course of common diseases in the elderly	IM24.1.1	Describe and discuss definition and classification of elderly
		IM24.1.2	Describe and discuss epidemiology of common disease in elderly
		IM24.1.3	Describe and discuss common diseases in

			elderly pathogenesis, clinical presentation and course)
IM24.2	Perform multidimensional geriatric assessment that includes medical, psycho-social, and functional components	IM24.2.1	Perform clinical assessment of elderly
		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 care, stabilization, management, and rehabilitation of acute confusional states	IM24.3.1	Describe and discuss acute confusional states in elderly population
		IM24.3.2	Describe and discuss causes, etiopathogenesis and presentation and functional events of acute confusional states in elderly
		IM24.3.3	Describe and discuss emergency management of acute confusional state
		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 care, stabilization, management and rehabilitation of vascular events in the elderly	IM24.4.1	Describe and discuss vascular events in elderly population
		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

			with vascular events
IM24.5	Describe and discuss the aetiopathogenesis clinical presentation identification, functional changes, acute care, stabilization, management, and rehabilitation of depression in the elderly	IM24.5.1	Describe and discuss causes of depression in elderly
		IM24.5.2	Describe and discuss clinical presentation of depression in elderly and functional changes
		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
		IM24.5.5	Describe and discuss rehabilitation of depression in elderly
IM24.6	Describe and discuss the aetiopathogenesis causes, clinical presentation, difference in discussion presentation identification, functional changes, acute care, stabilization, management and rehabilitation of dementia in the elderly	IM24.6.1	Describe and discuss causes of dementia in elderly
		IM24.6.2	Describe and discuss clinical presentation of dementia in elderly and functional changes
		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
		IM24.6.5	5.Rehabilitation of dementia in elderly
IM24.7	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management, and rehabilitation of personality changes in the elderly	IM24.7.1	Describe and discuss causes of personality changes in elderly
		IM24.7.2	Describe and discuss clinical presentation of personality changes in elderly and functional changes
		IM24.7.3	Discuss identification of reversible causes of personality changes a in elderly

		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 aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management, and rehabilitation of osteoporosis in the elderly	IM24.8.1	Describe and discuss causes and risk factors of in osteoporosis elderly
		IM24.8.2	Describe and discuss clinical presentation of osteoporosis in elderly and functional changes
		IM24.8.3	Describe and discuss immediate care, stabilization and long-term management of osteoporosis in elderly
		IM24.8.4	Describe and discuss rehabilitation of elderly with osteoporosis
IM24.9	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management, and rehabilitation of CVA in the elderly	IM24.9.1	Describe and discuss causes and risk factors of CVA in elderly
		IM24.9.2	Describe and discuss clinical presentation of CVA in elderly and functional changes
		IM24.9.3	Describe and discuss acute care, stabilization, and management of CVA in elderly
		IM24.9.4	Describe and discuss rehabilitation of elderly with CVA
IM24.10	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management, and rehabilitation of COPD in the elderly	IM24.10.1	Describe and discuss causes /pathogenesis of COPD in elderly
		IM24.10.2	Describe and discuss clinical presentation of COPD in elderly and functional changes

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

		IM24.12.4	Describe and discuss acute care, stabilization, and management of degenerative joint disease in elderly
		IM24.12.5	Describe and discuss rehabilitation of degenerative joint disease in elderly
IM24.13	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management, and rehabilitation of falls in the elderly	IM24.13.1	Describe and discuss causes of falls in elderly
		IM24.13.2	Describe and discuss clinical presentation/outcomes of falls in elderly and functional changes
		IM24.13.3	Discuss identification of risk factors for falls in elderly
		IM24.13.4	Describe and discuss acute care, stabilization, and management of falls in elderly
		IM24.13.5	Describe and discuss rehabilitation of in elderly after falls
IM24.14	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of common fractures in the elderly	IM24.14.1	Describe and discuss common fractures in elderly
		IM24.14.1	Describe and discuss clinical presentation of Common fractures in elderly and functional changes
		IM24.14.2	Describe and discuss identification of factors preventing fractures in elderly
		IM24.14.3	Describe and discuss acute care, stabilization, and management of elderly with fractures
		IM24.14.4	Describe and discuss rehabilitation of in

IM24.15	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vision and visual loss in the elderly		elderly with fractures
		IM24.15.1	Describe and discuss causes of in 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
		IM24.15.5	Describe and discuss rehabilitation of vision and visual loss in the elderly
IM24.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy in the management of disability in the elderly	IM24.16.1	Describe and discuss basic principles of functional assessment in elderly.
		IM24.16.2	Describe and discuss principals of social and physical rehabilitation of elderly
		IM24.16.3	Describe and discuss concept of fragility and aging
		IM24.16.4	Describe and discuss role of physiotherapy and occupational therapy in elderly
IM24.17	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of hearing loss in the elderly	IM24.17.1	Describe and discuss causes and pathogenesis of hearing loss in the elderly in
		IM24.17.2	Describe and discuss clinical presentation of hearing loss in the elderly and functional changes
		IM24.17.3	Discuss identification of reversible causes of hearing loss in the



			elderly
		IM24.17.4	Describe and discuss acute care, stabilization and management of hearing loss in the elderly
		IM24.17.5	Describe and discuss rehabilitation of hearing loss in the elderly
IM24.18	Describe the impact of the demographic changes in ageing on the population	IM24.18.1	Describe the impact of the demographic changes in ageing on the population
IM24.19	Enumerate and describe the social problems in the elderly including isolation, abuse, change in family structure and their impact on health.	IM24.19.1	Enumerate social problems in the elderly including isolation, abuse, change in family structure and their impact on health.
		IM24.19.2	Describe social problems in the elderly including isolation, abuse, change in family structure and their impact on health.
IM24.20	Enumerate and describe social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions	IM24.20.1	Enumerate social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions
		IM24.20.2	Describe social interventions in the care of elderly including domiciliary discussion services, rehabilitation facilities, old age homes and state interventions
IM24.21	Enumerate and describe ethical issues in the care of the elderly	IM24.21.1	Enumerate and describe ethical issues concerning care of elderly
		IM24.21.2	Discuss end of life care
		IM24.21.3	Enumerate and describe

			medicolegal aspects and laws of our countries and others
IM24.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment, and management of nutritional disorders in the elderly	IM24.22.1	Describe and discuss causes of nutritional disorders in 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

	Competency The student should be able to		SLOs
IM25.1	Describe and discuss the response and influence of host immune status, risk factors and comorbidities on zoonotic diseases (e.g. Leptospirosis, Rabies) and non-febrile infectious disease (e.g. Tetanus)	IM25.1.1	What is the response and influence of host immunity on zoonotic diseases (e.g. leptospirosis, Rabies)?
		IM25.1.2	Enumerate the various risk factors for zoonotic diseases
		IM25.1.3	Response and influence of host immunity in a patient with comorbidities in zoonotic diseases
		IM25.1.4	What is the response and influence of host immunity on non-febrile

			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 and non-febrile infectious diseases?
		IM25.2.2	Describe the pathophysiology of zoonotic diseases
		IM25.2.3	Describe the pathophysiology of non-febrile infectious diseases
		IM25.2.4	Describe the clinical manifestation and complications of zoonotic diseases
		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	IM25.3.1	Describe the pathophysiology of zoonotic diseases
		IM25.3.2	What are the clinical manifestations of zoonotic diseases?
		IM25.3.3	Describe the pathophysiology of non-febrile infectious diseases
		IM25.3.4	What is 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

	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
		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, nail 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,

	<b>Inflammatory, malignant and rheumatologic causes</b>		inflammatory, malignant and rheumatologic diseases?
		IM25.6.2	Enumerate differential diagnosis and priorities according to clinical features of the patient
IM25.7	<b>Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture and QBC</b>	IM25.7.1	Enumerate the relevant blood investigations based on differential diagnosis
		IM25.7.2	How will you interpret these blood investigations like CBC, peripheral smear etc.?
		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
		IM25.7.5	What are the body fluid analysis investigations and how are they useful in making a particular diagnosis?
IM25.8	<b>Enumerate the indications for use of newer techniques in the diagnosis of these infections</b>	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	<b>Assist in the collection of blood and other specimen culture</b>	IM25.9.1	Explain the steps for taking a venous blood sample

		IM25.9.2	What types of vials are used for different type samples?
		IM25.9.3	How will you label a blood sample?
		IM25.9.4	How will you discard a used needle/syringe?
		IM25.9.5	What instructions will you give to the patient for obtaining urine culture specimen?
IM25.10	Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a prioritised and cost effective manner	IM25.10.1	Prepare a diagnostic plan to reach a most likely diagnosis including routine and specific investigation
		IM25.10.2	Prioritised your investigation in order of preference and in a cost effective manner
		IM25.10.3	What are the indications for invasive and costly investigations?
IM25.11	Develop an appropriate empiric treatment plan based on the patient's clinical and immune status pending definitive diagnosis	IM25.11.1	What is the rationale of an empiric treatment?
		IM25.11.2	What clinical and immune status parameters you will take into consideration before forming an empirical treatment plan?
		IM25.11.3	What empirical treatment plan you will develop till the time a definitive diagnosis is made?
		IM25.11.4	How will you monitor a patient on empirical treatment?
IM25.12	Communicate to the patient and family the diagnosis and treatment of identified infection	IM25.12.1	Counsel the patient and family about identified infection
		IM25.12.2	Counsel the patient and family about severity of

			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
		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
		IM26.1.4	Discuss qualities of a physician
IM26.2	Describe and discuss the commitment to lifelong learning as an important part of physician growth	IM26.2.1	Define lifelong learner
		IM26.2.2	Discuss how a physician is a lifelong learner
		IM26.2.3	Describe how lifelong learning plays an important part in physicians growth

IM26.3	Describe and discuss the role of non-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
		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	IM26.4.1	Enumerate the principles of patient care
		IM26.4.2	Define Autonomy
		IM26.4.3	Enlist few examples of autonomy
		IM26.4.4	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
		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
		IM26.8.2	Enumerate socio economic issues related to organ donation



		IM26.8.1	Enlist Ethical issues related to organ donation
		IM26.8.2	Describe Medicolegal issues related to organ donation
		IM26.8.3	Discuss Ethical and socioeconomic issues related to organ donation
IM26.9	Identify, discuss and defend medicolegal, sociocultural, economic and ethical issues as it pertains to rights, equity and justice in access to health care	IM26.9.1	Define rights, equity and justice in access to health care
		IM26.9.2	Enumerate medicolegal, sociocultural, economic and ethical issues related to rights, equity and justice in access to health care
		IM26.9.3	Discuss medicolegal, sociocultural, economic and ethical issues related to rights, equity and justice in access to health care
		IM26.9.3	Defend medicolegal, sociocultural, economic and ethical issues related to rights, equity and justice in access to health care
IM26.10	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to confidentiality in patient care	IM26.10.1	Define confidentiality in patient care
		IM26.10.2	Identify medicolegal, socio-cultural and ethical issues pertaining to confidentiality in patient care
		IM26.10.3	Discuss Medicolegal, socio-cultural and ethical issues pertaining to confidentiality in patient care
		IM26.10.4	Defend Medicolegal, socio-cultural and ethical

			issues pertaining to confidentiality in patient care
IM26.11	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care	IM26.11.1	Define Autonomy
		IM26.11.2	List patients' rights and shared responsibilities in health care
		IM26.11.3	Describe medicolegal, socio-cultural and ethical issues pertaining to patient autonomy.
		IM26.11.4	Discuss Medicolegal, socio-cultural and ethical 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 ethical issues Pertaining to decision making in health care
IM26.13	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent	IM26.13.1	Define Consent
		IM26.13.2	Identify situations where patients do not have the capability or

			capacity to give consent
		IM26.13.3	Discuss medicolegal, socio-cultural and ethical issues pertaining to decision making in emergency care
IM26.14	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to research in human subjects	IM26.14.1	Identify medicolegal, issues as pertaining to research in human subjects
		IM26.14.2	Enumerate socio-cultural issues related to research in human subjects
		IM26.14.3	List ethical issues related to research in human subjects
		IM26.14.4	Discuss medicolegal, socio-cultural and ethical issues Pertaining to research in human subjects
IM26.15	Identify, discuss and defend, medicolegal,socio-cultural and ethical issues as they pertain to consent for surgical procedures	IM26.15.1	Define Informed consent
		IM26.15.2	Identify medicolegal issues related to consent for surgical procedures
		IM26.15.3	Enumerate socio-cultural issues pertaining to consent for surgical procedures
		IM26.15.4	List ethical issues pertaining to consent for surgical procedures
IM26.16	Identify, discuss and defend medicolegal, socio-cultural, professional and ethical issues as it pertains to the physician patient relationship (including fiduciary duty)	IM26.16.1	Identify, discuss and defend medicolegal issues as it pertains to the physician patient relationship
		IM26.16.2	Identify, discuss and defend socio-cultural issues as it pertains to the physician patient relationship
		IM26.16.3	Identify, discuss and

			defend ethical issues as it pertains to the physician patient relationship
		IM26.16.4	Identify, discuss and defend professional issues as it pertains to the physician patient relationship
IM26.17	Identify, discuss physician's role and responsibility to society and the community that she/ he serves	IM26.17.1	Identify physician's role towards society and community
		IM26.17.2	List responsibilities of a physician to society and community
		IM26.17.3	Discuss physician's role in society and community
IM26.18	Identify, discuss and defend medicolegal, socio-cultural, professional and ethical issues in physician- industry relationships	IM26.18.1	What do you understand by "Physician-Industry relationship"?
		IM26.18.2	Discuss the medicolegal aspects of physician-industry relationship with appropriate examples
		IM26.18.3	How does the industry influence the professionalism of a physician?
		IM26.18.4	Discuss the socio-cultural trend affecting the physician-industry relationship
IM26.19	Demonstrate ability to work in a team of peers and superiors	IM26.19.1	Demonstrate ability of consulting your senior regarding management of a complicated case
		IM26.19.2	Demonstrate ability to work as a team leader in an emergency situation
		IM26.19.3	Demonstrate ability of assisting your senior for an invasive bedside / emergency procedure
IM26.20	Demonstrate ability to communicate to patients in a patient, respectful, non-	IM26.20.1	Demonstrate the ability to communicate with a

	threatening, non-judgemental and empathetic manner		patient recently diagnosed with an incurable disease
		IM26.20.2	Demonstrate the ability to communicate with a patient of PLHA who has been working as a CSW
IM26.21	Demonstrate respect to patient privacy	IM26.21.1	Demonstrate the ability of attending a female patient in outpatient department
IM26.22	Demonstrate ability to maintain confidentiality in patient care	IM26.22.1	Demonstrate the ability to attend a case of recently diagnosed STD / Leprosy patient
		IM26.22.2	Demonstrate the ability to care for an HIV patient who is accompanied by her mother-in-law
		IM26.22.3	Demonstrate the ability to care for a patient with history of suicidal attempt
IM26.23	Demonstrate a commitment to continued learning	IM26.23.1	Enumerate the methods of continued learning and demonstrate the role of being a perpetual student with examples
IM26.24	Demonstrate respect in relationship with patients, fellow team members, superiors and other health care workers	IM26.24.1	Demonstrate the ability to attend an illiterate patient portraying respect in the conversation
IM26.25	Demonstrate responsibility and work ethics while working in the health care team	IM26.25.1	Demonstrate a clinical case scenario displaying the act of responsibility while working in a healthcare team
		IM26.25.2	Demonstrate a clinical case scenario that represents various sides of work ethics among the health care team members
IM26.26	Demonstrate ability to maintain required documentation in health care (including	IM26.26.1	Demonstrate the ability of making a case file of a

	correct use of medical records)		MI patient in emergency ward
		IM26.26.2	Demonstrate the process of referring a patient to a higher centre
IM26.27	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities	IM26.27.1	Demonstrate the components of personal grooming and hygiene to be provided from the end of health care providers
		IM26.27.2	Demonstrate the components of aseptic precautions to be taken care of during invasive procedures
IM26.28	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning	IM26.28.1	Demonstrate the ability to use telemedicine
		IM26.28.2	Demonstrate the ability to use Medical databases to search content for recent advances in a given topic
IM26.29	Communicate diagnostic and therapeutic options to patient and family in a simulated environment	IM26.29.1	Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of ischemic cardiomyopathy
		IM26.29.1	Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of malignancy
		IM26.29.2	Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of autoimmune disease
IM26.30	Communicate care options to patient and family with a terminal illness in a simulated environment	IM26.30.1	Demonstrate the ability to break a bad news (terminal illness) to a patient/ family

		IM26.30.2	Demonstrate the ability to break a communicate care options in terminal illness to patient/ family
IM26.31	Demonstrate awareness of limitations and seeks help and consultations appropriately	IM26.31.1	Demonstrate the ability to consult and seek help from a superior colleague for a difficult case
		IM26.31.2	Demonstrate the ability to consult and seek help from another department
IM26.32	Demonstrate appropriate respect to colleagues in the profession	IM26.32.1	Demonstrate the ability to deal with professional envy
		IM26.32.2	Demonstrate the ability to deal with healthcare concerns of a colleague
IM26.33	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 discuss errors with colleagues/ superiors and identify possible rectifications
		IM26.33.2	Demonstrate the ability to explain errors to patient/ relatives
		IM26.33.3	Demonstrate the ability to report errors and handle court cases
IM26.34	Identify conflicts of interest in patient care and professional relationships and describe the correct response to these conflicts	IM.26.34.1	Discuss and identify conflict of interest in patient care and professional relationship.
		IM.26.34.2	Identify conflict of interest in patient care and professional relationship.
		IM.26.34.3	Describe correct response to these conflicts.
IM26.35	Demonstrate empathy in patient	IM.26.35.1	Discuss empathy

	encounters		towards patients.
		IM.26.35.2	Demonstrate empathy in patient encounter in real life scenarios like breaking bad news using role play.
IM26.36	Demonstrate ability to balance personal and professional priorities	IM.26.36.1	Discuss balance between personal life and professional priorities.
		IM.26.36.2	Demonstrate ability to balance personal and professional priorities through panel discussion/ role play
IM26.37	Demonstrate ability to manage time appropriately	IM.26.37.1	Discuss importance of time management
		IM.26.37.2	Demonstrate ability to manage time through skit/role 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
IM26.39	Demonstrate ability to pursue and seek career advancement	IM.26.39.1	Demonstrate ability to pursue and seek career advancement
IM26.40	Demonstrate ability to follow risk management and medical error reduction practices where appropriate.	IM.26.40.1	Discuss risk management and medical error.
		IM.26.40.2	Demonstrate risk management and medical error reduction



			through role play.
IM26.41	Demonstrate ability to work in a mentoring relationship with junior colleagues	IM.26.41.1	Discuss importance of mentoring in medical practice
		IM.26.41.2	Demonstrate mentoring relationship with junior colleague through skit.
IM26.42	Demonstrate commitment to learning and scholarship	IM.26.42.1	Discuss commitment to learn
		IM.26.42.2	Discuss scholarships available for medical students.
		IM.26.42.3	Demonstrate role of scholarship through a short seminar.
		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
IM26.44	Identify, discuss and defend medicolegal, socio-cultural professional and issues	IM.26.44.1	Identify medicolegal, sociocultural, and ethical

	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
IM26.46	Identify, discuss, and defend medicolegal, socio-cultural professional and ethical issues in dealing with impaired physicians	IM.26.46.1	Identify medicolegal, sociocultural, and ethical issues pertaining to impaired physicians.
		IM.26.46.2	Discuss medicolegal, sociocultural, and ethical issues pertaining to impaired physicians
		IM.26.46.3	Defend medicolegal, sociocultural and ethical

			issues pertaining to impaired physicians
IM26.47	Identify, discuss, and defend medicolegal, socio-cultural, and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support	IM.26.47.1	Identify medicolegal, socio-cultural, and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support
		IM.26.47.2	Discuss medicolegal, socio-cultural, and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support
		IM.26.47.3	Defend/Justify medicolegal, socio-cultural, and ethical issues as they pertain to refusal of care including do not resuscitate and withdrawal of life support
IM26.48	Demonstrate altruism	IM.26.48.1	Demonstrate altruism
IM26.49	Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment	IM.26.49.1	Describe informed consent for a research and address patient queries of patient/participant being enrolled
		IM.26.49.2	Demonstrate informed consent and appropriately address

			patient queries to a patient being enrolled in a research protocol in a simulated environment
		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

*me* *Q* *na* *se* *sh* *ly* *P*  
*sh* *W* *W*

*ni*

APPENDIX - III

UG LOGBOOK (MEDICINE) - (PAGES 1-13)

LOGBOOK

DEPARTMENT OF MEDICINE

(COMPETENCY BASED CURRICULUM)

Name of student: .....

Batch: .....

University registration number .....

PERSONAL DETAILS

Name: \_\_\_\_\_

Roll No. & Batch: \_\_\_\_\_

Date of Admission to MBBS Course: \_\_\_\_\_

Registration No. (College/University ID): \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent

Address

Student's Contact No: \_\_\_\_\_

Student's Email Id: \_\_\_\_\_

*[Handwritten signatures and marks]*

## 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.

*[Handwritten signatures and initials]*

## Self-Declaration Form

I am Mr./Ms/ ..... Son/Daughter of Sh. ....

Roll No. .... University Reg. No. ....

Resident: .....

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.



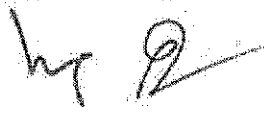






4.If I am detained due to lack of attendance or failing in internal assessment, I cannot appear in university supplementary examination unless I improve my performance. If I Fail to improve my performance then I will be not be eligible to appear in university exam with my batch.

SIGNATURE OF STUDENT

*[Handwritten signatures and initials]*

## 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 (Part 2)	



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)

*[Handwritten signatures and initials]*

**COMPETENCIES REQUIRING CERTIFICATION**

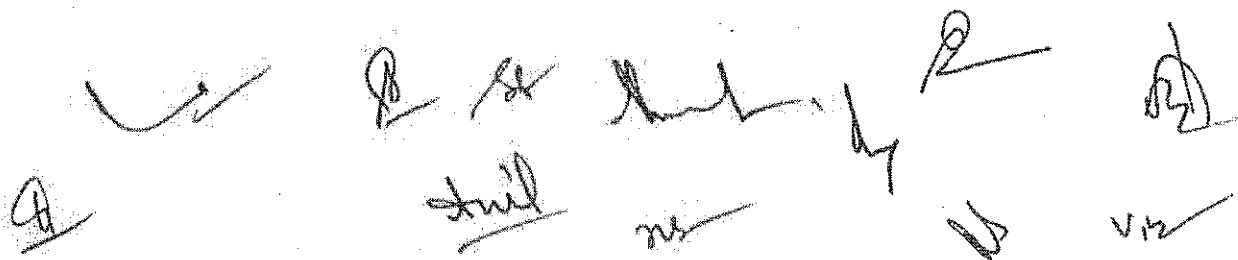
Competency Addressed & Name of activity.	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM 1.18, IM2.10 IM 8.17 Order, perform and interpret an ECG Number required for certification- 3						
IM2.22 Perform and demonstrate in a mannequin BLS. Number required for certification - 1						
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. Number required for certification- 2						

**COMPETENCIES REQUIRING LOG BOOK DOCUMENTATION**

	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM 1.30 Administer an intramuscular injection with an appropriate explanation to the patient.						
IM 4.13 Perform and interpret a sputum gram stain.						
IM 4.14 Perform and interpret a sputum AFB.						
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)						
IM 9.19 Assist in a blood transfusion.						
IM 10.20 Describe and discuss the indications to perform arterial blood gas analysis: interpret the data						
IM 21.5 Observe and describe the functions and role of a poison center in suspected poisoning						
IM 25.9 Assist in the collection of blood and other specimen cultures						

**COMPETENCIES REQUIRING LOG BOOK DOCUMENTATION**

	Date Completed dd.mm.yy	Attempt at activity F/R/Re	Rating B/M/E	Decision of faculty C/R/Re	Initial of faculty and date	Feedback Received Initial of learner
IM3.8 Demonstrate in a mannequin and interpret results of an arterial blood gas examination. (DOAP)						
IM3.9 Demonstrate in a mannequin and interpret results of a pleural fluid aspiration. (DOAP)						
IM10.21 Describe and discuss the indications for and insert a peripheral intravenous catheter. (DOAP)						
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 interpret results of a blood culture. (DOAP)						
IM20.2 Describe, demonstrate in a volunteer or a mannequin and educate (to other health care workers / patients) the correct initial management of patient with a snake bite in the field. (DOAP)						
IM23.5 Counsel and communicate to patients in a simulated environment with illness on an appropriate balanced diet. (DOAP)						
IM4.17 Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment. (DOAP)						
IM26.29 Communicate diagnostic and therapeutic options to patient and family in a simulated environment. (DOAP)						



**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)						

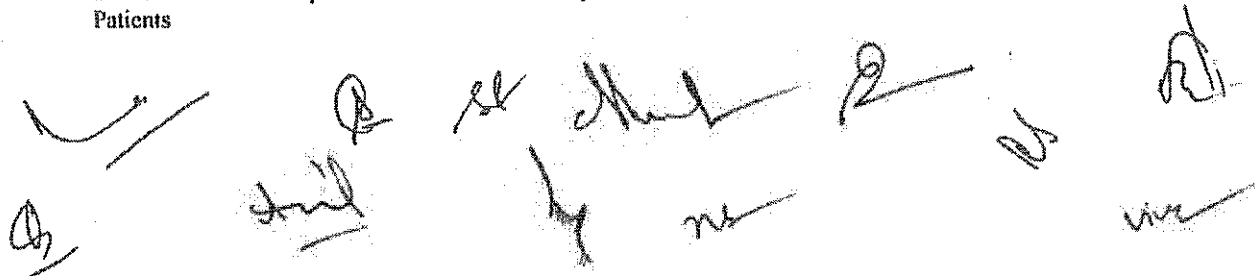
**COMPETENCIES WITH CERTIFIABLE PROCEDURAL SKILLS**

	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
Venipuncture (I)						
Intramuscular injection (I)						
Intradermal injection (D)						
Subcutaneous injection (I)						
Intra Venous (IV) injection (I)						
Setting up IV infusion and calculating drip rate (I)						
Blood transfusion (O)						
Urinary catheterization (D)						
Basic life support (D)						
Oxygen therapy (I)						
Aerosol therapy / nebulization (I)						
Ryle's tube insertion (D)						
Lumbar puncture (O)						
Pleural and ascitic aspiration (O)						
Cardiac resuscitation (D)						
Peripheral blood smear interpretation (I)						
Bedside urine analysis (D)						

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 PRESENTATION IN PHASE 2

S. NO	Date	Patient Name & ID	Diagnosis	Case Presented/Attended Write P/A	Instructor's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*[Handwritten signatures and initials]*

RECORD OF CLINICAL CASE PRESENTATION IN PHASE 3 PART I

S. NO	Date	Patient Name & ID	Diagnosis	Case Presented/Attended Write P/A	Instructor's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*[Handwritten signatures and initials]*



# RECORD OF CLINICAL CASE PRESENTATION IN PHASE 3 PART 2

S. NO	Date	Patient Name & ID	Diagnosis	Case Presented/Attended Write P/A	Instructor's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



**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

*Self-study*

*Dr. R. R.*

*S. Arumada  
Gopalan*

## 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

1 MICROSCOPIC 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

*Sub urto*

*SA*

*SA*

*S. Annashe*

*1. Gayendang*

Internal Assessment Marks for General Medicine

Table 5: Distribution of Internal assessment marks across phases

Phase	Theory	Practical/ Clinical
Phase 2	20	20
Phase 3 Part 1	40	40
Phase 3 Part 2	60	60
Sent Up	60	60
Log Book	20	20
Total	200	200

S. Annadha

BC

Shul - intro

Grayson 29

P

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
दिल्ली विश्वविद्यालय

Page No.  
पृष्ठ संख्या

**MINUTES**

A meeting of the Committee of Courses & Studies in the Department of General Surgery was held on Friday the 5<sup>th</sup> August, 2022 at 2.30 pm in the Committee Room, Faculty of Medical Sciences, 7<sup>th</sup> 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
7.	Dr. Lovenish Bains, Associate Professor, Deptt of Surgery, MAMC - Member


The Committee considered and recommended the following:

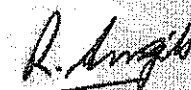
1. Approved the plan for summative assessment Third Professional (Part II) Practical Exam in General Surgery. (Annexure - I).
2. Template of Theory Examination papers I & II MBBS Third (Curriculum Phase III - Part II) General Surgery (MBBS). (Annexure - II).
3. Division of topics in General Surgery Theory Paper I & II as per CBME curriculum Phase III - Part II summative assessment (\*NMC-2019). (Annexure - III)
4. For the current batch (2019 New Scheme), the colleges may continue the 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 Gazette of India Board of Governors in super-session of Medical Council of India amendment notification dated 4.11.2019.

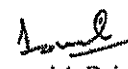
The meeting ended with a vote of thanks to the chair.

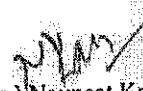
  
Dr. Sanjay Gupta,  
Deptt of Surgery, UCMS

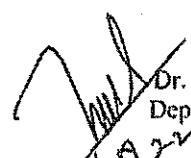
  
Dr. Pawanindra Lal,  
HOD, Deptt of Surgery,  
MAMC

  
Dr. Rajdeep 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

  
Dr. Iqbal Singh, HOD,  
Department of Surgery,  
DU, 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	200 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 (Cognitive, Psychomotor & communication skills)
Two Surgery Clinical Case present + One Ortho Case present + Spots + Viva	<ul style="list-style-type: none"> <li>Surgery cases [2x50=100 Mks] + Viva<sup>a</sup> [3x10=30Mks] + Spots** [2x10=20Mks] = 150Mks</li> <li>Ortho Case [1x30=30] + Viva [1x20=20] = 50Mks</li> </ul>	Assessment of case to include: <ul style="list-style-type: none"> <li>History taking, Gen &amp; Local Surgical clinical examination/skills testing, demonstrates physical signs, write case record, Analysis, Problem Oriented Clinical Diagnosis/Differential Diagnosis, Interpretation of findings, Discuss investigations relevant to case &amp; develop management plan.</li> <li>Assess Communication skills(AETCOM): Advise pertinent to the allotted case etc.</li> </ul>
Spots**	(2 x 10)=20 Marks	<ul style="list-style-type: none"> <li>10 Spots of 2 marks each</li> </ul>
Viva <sup>a</sup>	<ul style="list-style-type: none"> <li>Specimens + X-rays = 10Mks</li> <li>Instruments + Operative = 10Mks</li> <li>Interpret Common Investigation Data + Aetcom Viva = 10Mks</li> </ul>	<ul style="list-style-type: none"> <li>1 Specimen</li> <li>1 X-Ray</li> <li>1 Op Procedure. &amp; Instruments</li> <li>Interpret Common Investig Data</li> <li>Aetcom Viva</li> </ul>

### 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. Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

Viva / Oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens 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 4<sup>th</sup> 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 4<sup>th</sup> 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 Answer 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 30% 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.

The Third Professional Part II (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.



### 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 [min]
A	MCQ	20 [Surgery]	1	20	20
B	LA	2 [Surgery]	10	20	40
C	SA	4 [Surgery]	5	20	40
D	SAQ*	4 [Surgery 3; AETCOM I]	5	20	40
E	SAQ	4 [Surgery]	5	20	40
			<b>Total Mks</b>	<b>100</b>	

\* One SAQ of the Part D will be from AETCOM module

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

Part	Type of question	Number of questions	Marks per question	Total marks	Time [min]
A	MCQ	20 [Dental 4; Rad. 6; Anes. 6; Ortho. 4]	1	20	20
B	LAQ	2 [Surgery]	10	20	30
C	SAQ	3 [Surgery]	5	15	30
D	SAQ*	3 [Surgery 2; AETCOM I]	5	15	30
E	SAQ	3 [Ortho]	5	15	30
F	SAQ	3 [Ortho]	5	15	30
			<b>Total Mks</b>	<b>100</b>	

\* One SAQ of the Part D will be from AETCOM module

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

### MCQs:

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

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

#### Note on Long Answer Questions (LAQ)

- Each LAQ is to be framed with objective smaller sub-parts, indicating clearly marks for each sub-part.
- Each LAQ to preferably be divided into 2-4 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.

#### Note on 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.
- One SAQ within part D of each of the two theory papers will be from AETCOM topics.

#### Justification: Note on Distribution of marks in the Surgery Allied Subjects (Orthopaedics, Anaesthesia, Radiology, Dentistry):

- Ortho earlier 6[MCQ] + 24[SAQ] = 27/40; Now 4[MCQ] + 30[SAQ] = 34/50
- Anaesthesia earlier 10[MCQ] = 5/40; Now 6[MCQ] = 6/50
- Radiology earlier 10[MCQ] = 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 1 Part A of Paper I & II
- Examiner 2 Paper I Part B + Paper II Part C
- Examiner 3 Paper I Part C + Paper II Part D
- Examiner 4 Paper I Part D
- Examiner 5 Paper I Part E
- Examiner 6 Paper II Part B
- Orthopaedics examiners Paper II Part E & F
- Subject to total 08 examiners (06 Surg+02 Ortho) Internal & External ratio: 1:1<sup>†</sup>

\*\*\*\*\*

*Handwritten signatures and initials:*  
 3/8/22, [Signature], [Signature], MY, NKE, [Signature]

Posting Date From: ..... To: .....

INSTRUCTIONS: Students will be solely responsible for properly maintaining their Surgery Logbook, by logging in their daily record as per NMC GRG-2019 requirements (as amended from time to time), on real time daily basis & get it verified/counter signed by the teacher/faculty of the respective Surgery Unit without exception. In case of any of the logbook no other substitute/excuse will be accepted. Ward/teaching assessment/attendance will be deemed incomplete without Logbook Record.

### TIME ALLOTMENT FOR GENERAL SURGERY AND ALLIED

		From	To	Lectures [430 hours]	Clinical Posting [32 weeks]
Phase 2nd	2nd Prof	October	August		
				General Surgery 25	General Surgery 4
					Orthopedics 2
					Radiodiagnosis 2
Phase 3rd	3rd Prof Part I	October	September		
				General Surgery 65	General Surgery 4
				Orthopedics 40	Orthopedics 4
				Radiodiagnosis 20	Dentistry 1
				Anesthesiology 20	Anesthesiology 1
Phase 4th	Electives	November	December	Electives 200	Electives 4
	3rd Prof Part II	January	December		
				General Surgery 210	General Surgery 8
				Orthopedics 50	General Surgery 4
					Orthopedics 2

### THEORY INTERNAL ASSESSMENT

		From	To	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%
				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%
				General Surgery [70]	General Surgery [21]		General Surgery [44]
				Orthopedics [30]	Orthopedics [25]		Orthopedics [28]
					Radiodiagnosis [27]		Radiodiagnosis [14]
					Anesthesiology [27]		Anesthesiology [14]
Phase 4th	Electives	November	December				
	3rd Prof Part II	January	December	Term Test 5 [100]	Term Test 6 [Sent Up] [100]	260/430x80=47%	260/430x20=12%
				General Surgery [81]	General Surgery [81]		General Surgery [81]

Orthopedics [19]

Orthopedics [19]

Orthopedics [19]

**CLINICAL POSTING INTERNAL ASSESSMENT**

		From	To	Clinical Posting Assessment	Sent Up	Weightage in IA [Practical] [80%]	Logbook [Clinical Posting] [20%]
Phase 2nd	2nd Prof	October	August	CP1 [100]		8/32x80=20%	8/32x20=5%
				General Surgery [50]			General Surgery [50]
				Orthopedics [25]			Orthopedics [25]
				Radiodiagnosis [25]			Radiodiagnosis [25]
Phase 3rd	3rd Prof Part I	October	September	CP2 [100]		10/32x80=25%	10/32x20=6.25%
				General Surgery [40]			General Surgery [40]
				Orthopedics [40]			Orthopedics [40]
				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%
				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 [1+2]x6/100 **Plus** Term Test [3+4]x27/100 **Plus** Term Test [5+6]x47/100
2. Logbook Theory [Maximum 20] = Logbook Phase 2 [Theory]x7/100 **Plus** Logbook Phase 3 [Theory]x7/100 **Plus** Logbook Phase 4 [Theory]x12/100
3. Internal Assessment Practical [Maximum 80] = CP1x20/100 **Plus** CP2x25/100 **Plus** [CP3+CP4]x35/100
4. Logbook CP [Maximum 20] = Logbook Phase 2 [CP]x5/100 **Plus** Logbook Phase 3 [CP]x6.25/100 **Plus** Logbook Phase 4 [CP]x8.75/100

Note:

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

**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
**दिल्ली विश्वविद्यालय**

Page No.  
पृष्ठ संख्या

**MINUTES**

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

The following members were present:

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

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

The Committee unanimously approved the following :

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

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

*U. Jhamb*  
17/10/22  
**Dr. Urmil Jhamb**  
(Chairperson)



# PAEDIATRICS

Annexure Ia

## CBME- Clinical Posting in Paediatrics

### Phase II Clinical Posting

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

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

(Competencies to be certified are marked in bold)

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

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

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

S.No.	Competencies	Objective
1	Introduction to Paediatrics & visit to departmental areas	<ol style="list-style-type: none"> <li>1. Relevance of Paediatrics as a subject (including Child health indicators)</li> <li>2. Supervised visit to all teaching learning areas in the Paediatrics (opd, Wards, NICU, PICU, Emergency, PNW etc.)</li> <li>3. Resources required for learning (Books/growth charts/assessment tools etc.)</li> </ol>
2	History Taking in Paediatrics	<ol style="list-style-type: none"> <li>1. Components of History taking in Pediatrics</li> <li>2. Detailed description of various components of history and their importance</li> <li>3. Practice session on history taking.</li> </ol>
3	Common symptoms in Paediatrics	<ol style="list-style-type: none"> <li>1. History taking in a child with common symptoms – fever, rash, pain, diarrhea, vomiting, cough, poor feeding.</li> </ol>
4	Developmental history in a Child (PE 1.5, 1.7, 3.3)	<ol style="list-style-type: none"> <li>1. How to elicit developmental history in infants and children and interpret the findings</li> <li>2. Elicit developmental history from a parent/caretaker.</li> <li>3. Elicit the current developmental milestones of the child.</li> <li>4. When to suspect developmental delay on the basis of history.</li> <li>5. Use of MCP card for assessing development.</li> <li>6. Practice session on development history (On a case)</li> </ol>
5	Nutritional Assessment of a Child (PE)	<ol style="list-style-type: none"> <li>1. Detailed dietary history including breast feeding and complementary feeding.</li> </ol>

Funech  
17/10/22

Ramona  
17/10/2022

dm

Arup  
17/10/22

Pratibha Singh  
17/10/22

MP  
17/10/22

V. sb  
17/10/22

17/10/22

	8.4, 9.4, 9.5)	<ol style="list-style-type: none"> <li>2. Recommended calorie and protein requirement for children of all age groups</li> <li>3. How to elicit the dietary history and Calculate the calorie and protein content of 24 hour dietary intake by a child.</li> <li>4. Take focused dietary history based on recall method from the caregiver - Present the dietary history</li> <li>5. Calculate the gap (deficit) between recommended intake of calorie and protein and actual intake</li> </ol>
6	Anthropometry and its Interpretation (PE 1.4)	<ol style="list-style-type: none"> <li>1. Methods of assessment of growth (use of WHO and Indian national standards)</li> <li>2. How to measure anthropometric parameters in children</li> <li>3. Interpret the anthropometric measurement data by plotting in appropriate WHO growth charts for children of all age groups and gender.</li> <li>4. How to classify the type and degree of under nutrition using the WHO charts</li> <li>5. Practice session – perform and interpret anthropometry</li> </ol>
7	Universal Immunization Program (PE 19.6, 19.10, 19.11, 19.12)	<ol style="list-style-type: none"> <li>1. National Immunization program</li> <li>2. Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule</li> <li>3. Visit to Immunization clinic</li> <li>4. Observe the handling and storing of vaccines</li> <li>5. Observe the administration of UIP vaccines</li> </ol>
8	General Physical Examination	<ol style="list-style-type: none"> <li>1. Record pulse, blood pressure, temperature, hydration and respiratory rate; interpret as per the age</li> <li>2. Recognition of common GPE findings and nutritional deficiency signs.</li> </ol>
9	IMNCI ( PE 7.5, PE 8.2, PE 10.4, PE 16.1, PE 16.2, PE 16.3, 24.11)	<ol style="list-style-type: none"> <li>1. Introduction to IMNCI, its components</li> <li>2. Identify the Undernutrition as per IMNCI</li> </ol>
10	End of posting Assessment	Theory (MCQ's based on practical classes) and Practical (OSCE).

*Revised*  
17.10.2022

*dh*

*Apex*  
*Praveen*  
*refined*

*Praveen*

*Praveen*

*Praveen*

*Praveen*

*Praveen*



### 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	Recapitulation of competencies learnt in Phase 2 learnings	<ol style="list-style-type: none"><li>1. Components of History taking in Pediatrics</li><li>2. Importance of different components</li></ol>
D2	Perform Developmental assessment and interpret (PE1.7)	<ol style="list-style-type: none"><li>1. Elicit developmental history from a parent/caretaker and</li><li>2. Perform Developmental assessment in infants and children and interpret the findings.</li><li>3. Elicit development history and interpret in a child with developmental delay.</li></ol>
D3	Nutritional Assessment of a Child (PE 8.4, PE 9.4, 9.5, 9.7)	<ol style="list-style-type: none"><li>1. Calculate the gap (deficit) between recommended intake of calorie and protein and actual intake</li><li>2. Plan an age appropriate diet for a healthy child of different age groups, and child with under nutrition/ over nutrition.</li><li>3. Feeding counseling of the mother</li></ol>
D4	Anthropometry and its Interpretation (PE1.4, 9.6, 11.5)	<ol style="list-style-type: none"><li>1. Perform anthropometric measurements in children and plot.</li><li>2. Interpret the anthropometric measurement data by plotting in appropriate WHO growth charts for children of all age groups and gender.</li></ol>

		<ol style="list-style-type: none"> <li>3. Calculate BMI, document in BMI chart and interpret</li> <li>4. Assess nutritional status from anthropometric parameters for children of all age groups.</li> <li>5. Classify the type and degree of under nutrition using the WHO charts.</li> <li>6. Identify over nutrition (overweight and obesity) by using WHO charts.</li> </ol>
D5	Adolescent Health Check-up	<ol style="list-style-type: none"> <li>1. Perform routine Adolescent Health checkup including eliciting history, performing examination including SMR (Sexual Maturity Rating), growth assessments (using Growth charts) and HEADSS screening (PE 6.9)</li> </ol>
D6	<p>Abdomen History (PE 21.8, 26.5)</p> <p>Examination (21.9, 26.6, 26.7, 26.8, 26.9)</p>	<ol style="list-style-type: none"> <li>1. Elicit document and present the history related to diseases of Gastrointestinal system</li> <li>2. Elicit, document and present a history pertaining to diseases of the Genitourinary tract</li> <li>3. Identify external markers for GI and Liver disorders e.g. Jaundice, Pallor, Clubbing, Failing to thrive, Vitamin deficiency</li> <li>4. Identify external markers for Kidney disease, like Failing to thrive, hypertension, pallor, anasarca.</li> <li>5. Perform examination of the abdomen, demonstrate organomegaly, ascites etc.</li> <li>6. Formulate a provisional and differential diagnosis related to clinical presentation.</li> </ol>
D7	<p>Evaluation of a Child with Diarrhea Including complicated diarrhea History (PE 24.9)</p> <p>Examination (24.10, 24.11)</p>	<ol style="list-style-type: none"> <li>1. Elicit document and present the history related to diarrheal diseases and dehydration.</li> <li>2. Assess for signs of dehydration, document and present</li> <li>3. Apply risk stratification of children with diarrheal dehydration as per IMNCI guidelines.</li> <li>4. Examine and identify features suggestive of other systemic involvement</li> </ol>

*Review*  
17.10.2022

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

		in a case of diarrhea.
D8	Cardiovascular System History (PE23.7)	1. Elicit appropriate history for a cardiac disease, analyze the symptoms 2. Points suggestive of congenital or acquired Heart disease 3. Points suggestive of CHF
	Examination (PE 23.8, 23.9, 23.10, 23.12, 23.13)	1. Check for signs of shock i.e. pulse, blood pressure, CRT 2. Check for signs of CHF. 3. Identify external markers of a cardiac disease 4. Perform examination of the cardiovascular system
D9	Respiratory system History (PE28.9, )	1. Elicit, document and present history of a child with respiratory problem including upper respiratory symptoms.
	Examination (PE28.10,28.11,28.12,28.13, 28.15, 31.2, 31.6)	2. Assess airway and breathing: recognize signs of severe respiratory distress. Check for cyanosis, severe chest in-drawing, grunting 3. Examination of upper respiratory tract 4. Classify the child with stridor as per IMNCI guidelines 5. Detailed examination of respiratory system.
D10	Approach to a child with anemia with / without other Hemato-oncological or systemic manifestations History (PE29.10)	1. Elicit, document and present the history related to anemia and other Hemato-oncological manifestations
	Examination (PE29.11,29.12)	2. Identify external markers for hematological disorders e.g. Jaundice, Pallor, Petechiae, purpura, Ecchymosis, Lymphadenopathy, bone tenderness, loss of weight. 3. Perform examination of the abdomen, demonstrate Organomegaly
D11	CNS History & Examination (PE30.17, 30.18,30.19)	1. Elicit, document and present appropriate history pertaining to the CNS 2. Demonstrate the correct method for physical examination of CNS. 3. Document and present clinical findings. 4. Analyze symptoms and interpret physical findings

*Final*

*Final Review*  
17.10.2022

*Prateek Singh*  
17/10/22

*17.10.22*

①

D12	Assessment of airway & Oxygen therapy	<ol style="list-style-type: none"> <li>1. Assess airway and breathing: recognize signs of severe respiratory distress.</li> <li>2. Demonstrate the method of positioning of an infant &amp; child to open airway in a simulated environment</li> <li>3. O2 delivery devices and inhalational therapy (PE 27.9)</li> <li>4. Administer oxygen using correct technique and appropriate flow rate</li> </ol>
D13	Document Immunization in an immunization record (PE19.6, 19.10, 19.11, 19.12, 19.13 )	<ol style="list-style-type: none"> <li>1. Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule</li> <li>2. Document Immunization in an immunization record</li> <li>3. Interpret a Mantoux Test, BCG scar</li> <li>4. Demonstrate the correct administration of different vaccines in a mannequin/ other models</li> </ol>
D14	Care around birth (PE 20.2, PE 20.3)	<ol style="list-style-type: none"> <li>1. Visit to a baby corner in labor room</li> <li>2. Steps of essential newborn care</li> <li>3. Observation of early establishment of breast feeding</li> <li>4. Observation of methods of keeping the baby warm - KMC care</li> </ol>
D15	Neonatal resuscitation (PE 20.3)	<ol style="list-style-type: none"> <li>1. Steps of neonatal care</li> <li>2. Demonstration steps of neonatal resuscitation in a manikin</li> <li>3. Demonstration of PPV through Bag and mask in a manikin</li> <li>4. Demonstration of placement of orogastric tube during prolonged PPV in a manikin</li> <li>5. Demonstrate the 'thumb technique' and 'two finger technique' of providing chest compression in a manikin.</li> </ol>
D16	Assessment of a normal neonate (PE 20.4)	<ol style="list-style-type: none"> <li>1. Elicit the relevant general, antenatal, natal and postnatal history of the mother</li> <li>2. Demonstrate the touch method of assessment of temperature in a newborn.</li> <li>3. Demonstrate the method of recording axillary and rectal temperature in a neonatal manikin.</li> <li>4. Demonstrate the counting of HR, RR, CRT in a newborn.</li> <li>5. Measure weight, length, head circumference and chest circumference in a neonate/manikin accurately.</li> </ol>

*Final*  
*Remane*  
*17.10.2022*  
*OK*

*Amr*  
*Funeel*

*Amr*

*Amr*

*Amr*

*Amr*

*Amr*

		6. Demonstrate gestational assessment by physical and neurological criteria in a neonate. 7. Elicit common neonatal reflexes like rooting, sucking, grasp, and Moro's reflex correctly. 8. Demonstrate a head to toe examination of the neonate. 9. Demonstrate a relevant systemic examination of a neonate
D17	Feeding of a neonate – Term/ preterm (PE 7.5, 7.7)	1. Observe correct technique of breastfeeding noting signs of good attachment and correct positioning of mother and baby. 2. Distinguish correct feeding technique from wrong one on the mother baby dyad. 3. Identify the common problems related to breast in lactating mother viz retracted nipples, cracked nipples, breast engorgement, breast abscess. 4. Observe feeding of a preterm/LBW neonate- Tube feeding/ Katori spoon feeding
D18	Identify and stratify risk in a sick neonate using IMNCI guidelines (PE 20.18)	1. Identify possible serious bacterial infection/jaundice and stratify the sick neonate as per IMNCI. 2. Identify and stratify dehydration in a sick neonate with diarrhea as per IMNCI. 3. Assess breastfeeding and check for signs of good attachment to the breast in a neonate. 4. Interpret and classify the neonate on the basis of weight for age z scores weight categories accurately.
D19	Counsel/educate mothers on the care of neonates (PE 20.5)	1. Counsel mothers using the GALPAC technique (Greet, Ask, Listen, Praise, Advise, Check for understanding) appropriately. 2. Educate mothers regarding care of the eyes, skin and cord stump of the neonate. 3. Educate the mother for prevention of infections. 4. Counsel the mothers about the importance of exclusive breastfeeding appropriately 5. Explain to the mother the importance of frequent breastfeeding including night feeds. 6. Educate the mother regarding common lactation problems
D20	Follow up care of neonates(PE 20.6)	1. Explain the schedule of immunization as per the national immunization

		<p>schedule correctly.</p> <p>2. Explain the importance of growth monitoring.</p> <p>3. Demonstrate the technique of Kangaroo Mother Care in a manikin and simulated mother.</p> <p>4. 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</p>
D21	Pediatric Procedures	Demonstration of common pediatric procedures and instruments – Iv cannulation, 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 Paediatrics + 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

*Reminders*  
17.10.2022

*June 2*

*Reminders*

*Rem*

*MP*

*0000*

*27/10*

Day	Topic	Competency
D1	Clinical case- Undernutrition	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 - Diarrhea	History (PE 24.9), Examination (24.10, 24.11, 24.13, 24.14) & Management – AGE with dehydration / Chronic diarrhea
D5	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management – ACHD/CCHD/RHD/CHF
D6	Clinical case – Respiratory system	History (PE 28.9 ), Examination & Management (PE 28.10,28.11,28.12,28.13, 28.14, 28.15,28.16, 28.17, 31.2, 31.4, 31.6, 31.7, 31.9) – Pneumonia/ Empyema/Wheezy child
D7	Clinical Case – Genito-urinary System	History (21.8), 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 - Meningitis, Paralysis, epilepsy, Cerebral Palsy
D10	Fluid therapy in Paediatrics	1. Calculate the fluid and electrolyte requirement in health, Interpret electrolyte report 2. Choose the type of fluid and calculate the fluid requirement in shock
D11	Clinical Case - Abdomen	History (PE 21.8, 26.5), Examination (21.9, 26.6, 26.7, 26.8, 26.9) & Management
D1	Clinical Case - CVS	History (PE23.7), Examination (PE 23.8, 23.9, 23.10, 23.11, 23.12, 23.13) & Management

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	<ol style="list-style-type: none"> <li>1. Unconscious child - History (PE 30.17, 30.18,30.19), Examination (PE 30.18,30.19, 30.21, 30.22, 30.23)</li> <li>2. Assess level of consciousness &amp; provide emergency treatment to a child with convulsions/coma.</li> <li>3. Position an unconscious child</li> <li>4. Position a child with suspected, Administer IV/per rectal Diazepam for a convulsing child in a simulated environment</li> </ol>
D1 6	Assessment of a normal neonate	History and Examination of a normal neonate (PE 20.4, 20.5)
D1 7	Feeding assessment	History and assessment related with feeding in a neonate (PE 20.11)
D1 8	Clinical case	History and assessment related to – LBW / preterm neonate(PE 7.5, 7.7, 20.11)
D1 9	Clinical case	Neonatal jaundice (PE 20.12 )
D2 0	Assessment of a sick neonate	Identify and stratify risk in a sick neonate using IMNCI guidelines. (PE 20. 18)
D2 1	Neonatal Resuscitation(PE 20.3)	<ol style="list-style-type: none"> <li>1. Demonstration of neonatal resuscitation in a manikin</li> <li>2. Demonstration of placement of orogastric tube during prolonged PPV in a manikin.</li> <li>3. Demonstrate the 'thumb technique' and 'two finger technique' of providing chest compression in a manikin.</li> <li>4. Identify the correct size of Laryngoscope and endotracheal tube based on given birth weight/ gestation correctly.</li> <li>5. Perform PPV, chest compression and endotracheal intubation in manikin</li> </ol>
D2	X-rays in Paediatrics	1. Interpret normal and abnormal X-rays of chest, abdomen, skull and hand (neonates and

*Revised*  
17.10.2022  
*Revised*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*



2		children)
D2	End of posting Assessment -	Assessment of competencies in Pediatrics
3	Theory	
D2	End of posting Assessment -	Assessment of competencies in Pediatrics
4	Practical	

Dr. Umula Jhamb  
 Dr. Monica Jhangra  
 Dr. Anju Seth

DR. PREETI SINGH

Dr. Anju Aggarwal  
 Dr. Dhruv Shah  
 Dr. Prema Bata

Dr. Shree Maheshwari  
 Dr. Soumya Tiwari  
 Dr. Rajesh Kumar Meena  
 Dr. V. V. Chaturvedi

U. S. S.  
 17/10/22  
 17/10/22  
 17/10/22

Preeti Singh  
 17/10/22

Anju

Dhruv Shah (R)

Prema  
 Shree Maheshwari  
 Soumya Tiwari  
 Rajesh Kumar Meena  
 V. V. Chaturvedi

Department of PediatricsLecture SchedulePhase 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
<b>General Pediatrics</b>		
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	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

Ramesh  
17.10.2022

Ely

Anjan  
16/10/22

MD

Dr. Umila Jhamb

Vsb  
17/10/22

Shubh

Prashant Singh  
Suresh

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

S.No.	Topic	Mode
	General Pediatrics	
1	Anomalies of Growth: Short stature, FTT, Abnormalities of head size and shape	SGT
2	Developmental delay and Red Alerts in Development	SGT
3	Fluid and Electrolytes Balance & Dys electrolytemia – case based approach	SGT
4	Micronutrients in Health and Disease – I (Vitamin A,C, D,E,K and B-Complex)	SGT
5	Micronutrients in Health and Disease – II (Iron, Iodine, Calcium, Zinc and Magnesium)	SGT
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	
11	Essential Newborn care including prevention & management of hypothermia and hypoglycemia	SGT
12	Neonatal sepsis	SGT



### 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	Mode
	<b>Disorders of Kidney and urinary tract</b>	
1	Urinary Tract Infection in children	LGT
2	Acute Kidney Injury	LGT
	<b>Hemato-oncology</b>	
3	Bleeding and Clotting Disorders	LGT
	<b>Cardiovascular system</b>	
4	Acquired Heart Disease and CHF	LGT
5	Hypertension in children	LGT
	<b>Disorders of GI system and Liver</b>	
6	Chronic Diarrhea and Malabsorption	LGT
7	Acute Viral Hepatitis	LGT
	<b>Respiratory system</b>	
8	Stridor	LGT
9	Bronchiolitis and pneumonia	LGT
	<b>CNS</b>	

10	Neural tube defects	LGT
11	Acute Meningitis	LGT
12	CNS tuberculosis	LGT
13	IC SOL and brain abscess	LGT
14	Neuromuscular disorders in children	LGT
	<b>Endocrine and metabolic disorders</b>	
15	Diabetes mellitus in children	LGT
16	Thyroid disorders in children	LGT
17	Obesity and overweight	LGT
18	Connective Tissue Disorders (JIA, SLE, Kawasaki)	LGT
19	Child Abuse and Pcco act.	LGT
20	Missed class	

S.No.	Topic	Mode
	<b>Disorders of Kidney and urinary tract</b>	
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 Proteinuria	SGT
	<b>Hemato-oncology</b>	
4	Hemolytic anemia's including thalassemia	SGT
5	Childhood Lymphomas and Leukemia	SGT
6	Solid Organ tumors – neuroblastoma, Nephroblastoma, retinoblastoma (brief Orientation)	SGT
	<b>Cardiovascular system</b>	
7	Congenital Heart disease	SGT

	<b>Disorders of GI system and Liver</b>	
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
	<b>Respiratory system</b>	
11	Approach to a child with fever and cough / difficulty in breathing	SGT
12	Management of childhood Asthma	SGT
	<b>CNS</b>	
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
16	Common chromosomal disorders (Downs syndrome, Turners syndrome etc.)	SGT
17	Approach to a child with exanthematous fever	SGT
18	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

*Punjab*

*Rameen*  
17/10/2022

*SW*

*SW*

*Sw*

*Punjab*

*SW*

*Punjab*

*SW*

*SW*

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

1. Dr. Umila Thomb
2. Dr. Monica Juneja
3. Dr. Anju Seth
4. Dr. Kirti Singh

V. S. B  
17/10/22

21/10/22

17/10/22

17/10/22

17/10/22

5. Dr. Anju Aggarwal
6. Dr. Kirti K. Bunde

7. Dr. Dheeraj Shah

Dr. Pooja Bhat

Dr. Anu Maheshwari

Dr. Pooja K. Sahi

Dr. Soniya Tandon

Dr. Rishi Kumar Meena

22

Dr. Dheeraj Shah (Q)

Dr. Pooja Bhat

Dr. Anu Maheshwari

Dr. Pooja K. Sahi

Dr. Soniya Tandon

Dr. Rishi Kumar Meena



**ASSESSMENT OF UNDERGRADUATE STUDENTS- PEDIATRICS****COMPONENTS OF INTERNAL ASSESSMENT (IA)/ FORMATIVE ASSESSMENT**

- (i) Theory IA
- (ii) Practical / Clinical IA
- (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. The syllabus 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 X 5=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)

*Praveen*  
17.10.2022

*Praveen*

*Praveen*  
17/10/22  
12/10/22  
17/10/22

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
							Foundation Course		I MBBS			
I MBBS								Exam I MBBS	II MBBS			
II MBBS								Exam II MBBS	III MBBS			
	I	III MBBS Part I					II		Exam III MBBS Part I	Electives & Skills		
				III	III MBBS Part II						IV	
Exam IV MBBS Part II	Internship											
Internship												

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 highlighted above

#### 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:

- i 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 know-how domain of the learner –

- i. 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)

- i. NRP
- ii. Anthropometry and its interpretation
- iii. Dietary counseling

*Review*  
17.10.2022

- 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		PHASE III Part II		SENT UP
Assessment	Theory	Practical	Theory	Practical	Theory	Practical	Theory and Practical
	Once at the end of the clinical posting for each batch	Once at the end of the clinical posting for each batch	Formative Theory assessment I and II in Feb-March and Aug-Sept, respectively	Once at the end of the clinical posting for each batch	Formative Theory assessment III and IV (sent up) In May-June and Nov-Dec, respectively	Once at the end of the clinical posting for each batch	The pattern of the evaluation shall be the same as the final prof exam (summative assessment)
Tools for assessment	MCQ = 15 marks	OSCE, logbook	Written Exam I and II (MM-50)	1 Clinical case, NRP, logbook	Written Exam III and IV (sent up exam MM = 100)	2 clinical cases, combination of observed and unobserved stations, logbook	

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 Students must 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 X 5=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)

*[Handwritten signatures and dates follow the practical section:]*

*Praveen Singh*  
*17/10/22*

*U.O.D*  
*17/10/22*  
*Dr. Umashankar*

*Remoore*  
*17.10.2022*

*PTO*

1. Dr Urmila Jhamb

2. Dr. MONICA JUNEJA

3. Dr Anurag Seth

4. Dr. Meeta Singh

5. Dr Anurag Aggarwal

6. Dr. Kavita K. Pande etc.

7. Dr. Dhruv Shet

8. Dr. Pooja Batra

9. Dr. Anur Maheshwari

10. Dr. Soniya Tiwari

11. Dr. Rajesh Kumar Meena

12. Dr. Pooja Kaur Sahu

V. ab

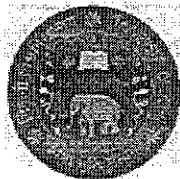
17/10/22

17/10/22

17/10/22

Dr. Anur Ag (W)  
17/10

Dr. Anur  
Dr. Anur  
Dr. Anur



UNIVERSITY OF DELHI  
UNDERGRADUATE LOGBOOK  
DEPARTMENT OF PEDIATRICS

Name :

Reg. No. (Univ) :

Name of college :

Roll no :

Year of admission:

Mobile no :

Email ID :

Address (Permanent):

Address (Local) :

PHOTO OF STUDENT

This document includes the minimum basic requirements as per extant competencies/curriculum/regulations on Graduate Medical Education, 2018.

*Praveen*  
17/10/2022

*Praveen*  
*Praveen*

# CERTIFICATE

This is to certify that the student Mr/Ms ..... admitted at  
..... in the year....., Batch Roll No. .... and

University Reg. No..... has satisfactorily completed / has not completed all assignments / requirements mentioned in this  
logbook for final year MBBS course in the subject of Pediatrics. The student is/is not eligible to appear for the summative (University)  
asscssment.

Signature of Faculty

Signature and Seal

Name and designation

Head of Pediatric Department

Principal/Dean of the College

Signature and Seal.

*(Signature)*

*(Signature)*

*(Signature)*

*(Signature)*

*(Signature)*  
7.10.2022

*(Signature)*

*(Signature)*

*(Signature)*



GENERAL INSTRUCTIONS)

1. This logbook is a record of academic and other activities of the student in the Department of Pediatrics.
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			
IInd	Phase III Part 1			
IIInd	Phase III Part 2			

३२  
 ①  
 अंग  
 प्रेम सिंह  
 १२  
 १०/१०/२०२२  
 प्रेम  
 १०/१०/२०२२

# TABLE OF CONTENTS

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

The bottom of the page contains several handwritten signatures and initials. From left to right, they include: a signature that appears to be 'S. e.', a circled 'D', a signature 'hup', a signature 'P. m. ch', a signature 'R. m. ch', a signature 'v. ab', a signature 'g. h. f', and a signature 'r. o. r'. Below the 'R. m. ch' signature, there is a date '17.10.2022'.

# COMPETENCIES REQUIRING CERTIFICATION

No	COMPETENCY	Date	Minimum no for certify	Decision of Teacher with initials: Complete (C) or repeat (R)				Feedback Received Initials of Learner
PE1.4	Perform Anthropometric measurements, document in growth charts and interpret		3					*
PE1.7	Perform Developmental assessment and interpret		3					
PE7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques		3					
PE11.5	Calculate BMI, document in BMI chart and interpret		3					
PE 19.6	Assess patient for fitness for immunization and prescribe an age-appropriate immunization schedule		5					
PE27.15	Assess airway and breathing: recognise signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting		3					
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate		3					
PE27.19	Check for signs of shock i.e. pulse, Blood pressure, CRT		3					

\* shaded part of table is Phase III Part I  
rest is phase III part II,  
E2

Heer Singh  
Raj

AD  
Rishi

U.S.B.

Shirif

17.10.2022  
H  
Rishi  
5  
Rishi

PF27.21	Choose the type of fluid and calculate the fluid requirement in shock		3				
	Assess level of consciousness & observe emergency treatment of a child with convulsions/coma; Position an unconscious child; Position a child with suspected trauma;		3				
PE27.22							
PE27.23	Assess for signs of severe dehydration		3				
PE33.6	Perform and interpret Urine Dipstick for Sugar		3				
PE33.11	Identify deviations in growth and plan appropriate referral		2				
PE34.6	Identify a BCG scar		3				
PE34.7	Interpret a Mantoux test		3				

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*

*Handwritten signature*  
17.10.2022

*Handwritten signature*

*Handwritten signature*

# **COMPETENCIES REQUIRING DOCUMENTATION\***

*These can be integrated with the case presentations/ demonstrations/ seminars or may be undertaken 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 nutrition as per IMNCI criteria and plan		PE 12.18	Diagnose patients with Vitamin B complex deficiency and plan management	
PE 11.3	Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall.		PE 12.21	Identify the clinical features of Vitamin C deficiency	
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.		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	

*[Handwritten signature]*

*[Handwritten signature]*  
17.10.2023

*[Handwritten signature]*

*22*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*



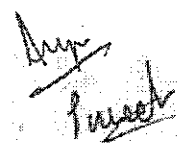
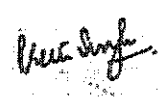



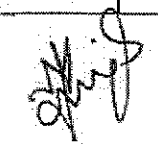
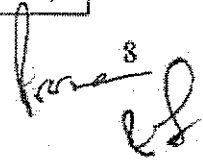
*[Handwritten signature]*

*[Handwritten signature]*

	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	COMPETENCY	Date	Min no	Decision of Teacher with initials:	Initials of
----	------------	------	--------	------------------------------------	-------------

			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		
PE27.28	Provide BLS for children in manikin		3		
	Neonatal resuscitation		3		
PE27.16	Demonstrate the method of positioning of an infant & child to open airway in a simulated environment		3		
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment		3		
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			

**AFFECTIVE COMPETENCIES REQUIRING DOCUMENTATION**





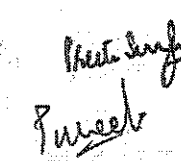
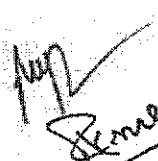


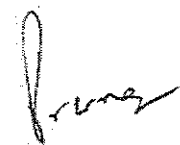
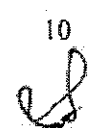







<i>Number</i>	<i>Initial of Faculty and date</i>	<i>Initial of Teacher and date</i>	<i>Number</i>	<i>Initial of Faculty and date</i>	<i>Initial of Teacher and date</i>
PE 2.3	Counselling a parent with failing to thrive child		PE 8.5	Counsel and educate mothers on the best practices in complementary feeding.	
PE 3.4	Counsel a parent of a child with developmental delay		PE 10.5	Counsel parents of children with SAM and MAM.	
PE 6.8	Respecting patient privacy and maintaining confidentiality while dealing with adolescents.		PE 19.7	Educate and counsel a patient for immunization.	
PE 7.8	Educate mothers on antenatal breast care and prepare mothers for lactation.		PE 19.8	Demonstrate willingness to participate in the national and subnational immunization days	
PE 7.9	Educate and counsel mothers for best practices in breast feeding.		PE 20.5	Counsel /educate mothers on the care of neonates.	
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	

<i>Number</i>	<i>Competency</i>	<i>Initial of teacher and date</i>
---------------	-------------------	--



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 1. Present child 2. Risk in next pregnancy (Turner Syndrome)	

RECORD OF CLINICAL CASES PRESENTED/ ATTENDED PHASE II

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended Write P/A	Teacher's Signature

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

*[Handwritten signature]*

*non*

*[Handwritten signature]*

*Praveen*  
*17.10.2022*  
*[Handwritten signature]*  
*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

S. No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended	Teacher's Signature

*[Signature]*  
*[Signature]*  
 17/10/2022

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

*[Signature]* *[Signature]*

*[Signature]* *[Signature]*

*[Signature]*

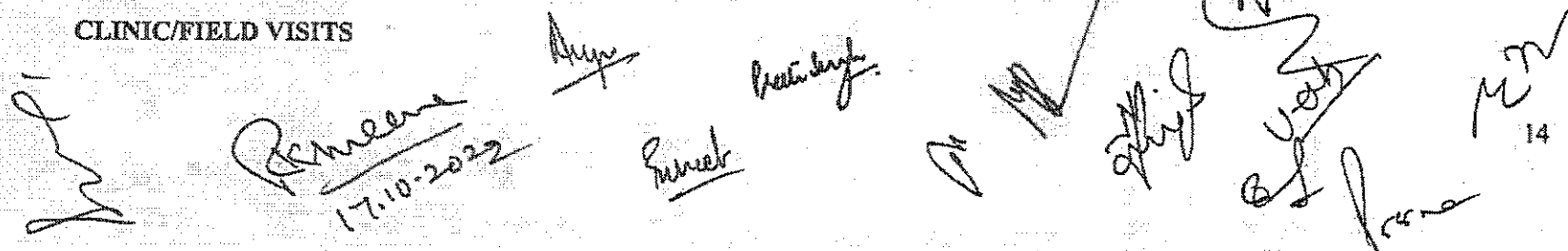
*[Signature]* *[Signature]*

*[Signature]* *[Signature]*

S.No.	Date	Patient Name & ID	Diagnosis	Case Presented/ Attended	Teacher's Signature

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

# CLINIC/FIELD VISITS


 A collection of handwritten signatures and dates. From left to right: a signature 'Wali', a signature 'Rameen' dated '17.10.2022', a signature 'Anup', a signature 'Rameen', a signature 'Pratik Singh', a signature 'Dr. M', a signature 'Dr. Singh', a signature 'Dr. Singh' with a circled 'N' above it, a signature 'Dr. Singh', and a signature 'Dr. Singh' dated '14'.

Visits	Number	Competency	Date completed
Immunization Clinic	PE 19.10		
	PE 19.11		
	PE 19.12		
	PE 19.14		
Other Clinics (Desirable)			

**PARTICIPATION IN DEPARTMENTAL ACTIVITIES**

Activity	Self documentation by	Date
----------	-----------------------	------

*[Handwritten signature]*

*Renee*  
17/10/2022

*Priscilla*

*[Handwritten initials]*

*[Handwritten initials]*

*[Handwritten initials]*

*[Handwritten initials]*

*[Handwritten initials]*

*[Handwritten signature]*

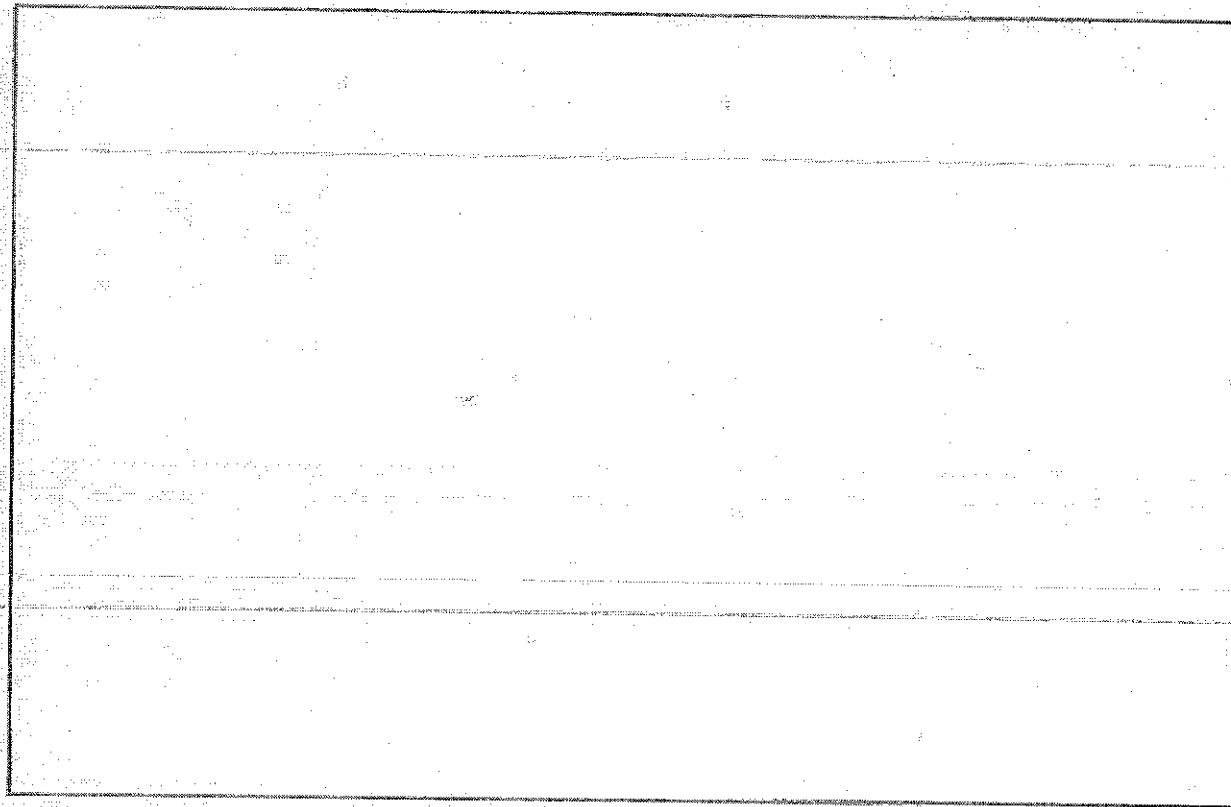
	student	
Participation in celebration and IEC activities like Breastfeeding Week, National Newborn Week, World Immunization Week, World Tuberculosis Day, World Health Day, World Asthma Day, World Thalassemia Day		
Participation in IAP/ Other Quiz		
Participation in ICMR STS/ Other Research Projects		
Research paper presented/ submitted/ published		
Participation in Seminars/Conferences & Role		
Other Activities		

### SELF-DIRECTED LEARNING

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

*Reminders*  
*17.10.2022*  
*last date*  
*16*  
*17*  
*18*  
*19*  
*20*  
*21*  
*22*  
*23*  
*24*  
*25*  
*26*  
*27*  
*28*  
*29*  
*30*  
*31*





Dr. Urmita Shukla  
Dr. Monica Jangia  
Dr. Anjan Aggarwal  
Dr. Preeti Singh  
Pa. Vivek Kaur Sahni  
Dr. Anurag Shukla

V. S. B.  
17/10/22  
17/10/22  
15/10/22  
Preeti Singh  
17/10/22  
19/10/22  
Dheeraj Shukla  
17/10/22

Dr. Hant K. Bhandari  
Dr. Irena Bhat  
Dr. Rajesh Kumar Meena  
Pa. Anurag K. Meena  
Dr. Soumya Thakur  
18/10/22



**FACULTY OF MEDICAL SCIENCES**  
**UNIVERSITY OF DELHI**  
दिल्ली विश्वविद्यालय

Page No.  
पृष्ठ संख्या

**MINUTES**

A meeting of the Committee of Courses & Studies in the Department of Obst. & Gyane. was held on Tuesday, the 06<sup>th</sup> September, 2022 at 2:00 p.m. in the Committee Room, Faculty of Medical Sciences, 7<sup>th</sup> 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
2.	Dr. Amita Suneja, HOD, Deptt of Obstt. & Gynae., UCMS - Member
3.	Dr. A.M. Rathore, HOD, Deptt of Obstt. & Gynae., MAMC - Member
4.	Dr. Reena Yadav, HOD, Deptt of Obstt. & Gynae., LHMC - Member
5.	Dr. Niharika Dhiman, Deptt of Obstt. & Gynae., MAMC - Member
6.	Dr. Deepti Goswami, Deptt of Obstt. & Gynae., MAMC - Member
7.	Dr. Pikee Saxena, Deptt of Obstt. & Gynae., LHMC - Member
8.	Dr. Rashmi Malik, Deptt of Obstt. & Gynae., UCMS - Member

The Committee considered and recommended the following:

1. The new CBME Obstetrics & Gynaecology curriculum to be implemented from the current academic year.
2. An approved curriculum document for MBBS CBME Phase II & Phase III (Part I & II) as recommended by NMC for deptt of Obs & Gynae of MAMC, LHMC & UCMS is annexed as Annexure I.

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

  
Prof. Abha Singh  
(Chairperson)

# OBST. & GYNE.

Dr. Thirumal

## 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 manner
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 them appropriately.

#### 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.

Asiri  
6/9/22

Dr. A. An  
6/9/22

1  
6/9/22

6.9.22  
Rashu

6/9/22

6/9/22  
Rashu

## Course

Curriculum will be delivered as per following schedule:

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

Subjects	Lectures (hours)	Small group learning (Tutorials / Seminars) / Integrated learning (hours)	Clinical Postings (hours) *	Self-Directed Learning (hours)	Total (hours)
Pathology	80	138	-	12	230
Pharmacology	80	138	-	12	230
Microbiology	70	110	-	10	190
Community Medicine	20	30	-	10	60
Forensic Medicine and Toxicology	15	30	-	5	50
Clinical Subjects	75**	-	540***	-	615
Attitude, Ethics & Communication Module - ABETCOM	-	29	-	8	37
Sports and extracurricular activities	-	-	-	28	28
Total	-	-	-	-	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.

\*\* 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 Friday).

Alh  
6/9/22

2  
[Signature]

[Signature]

Supriya  
6/9/22

ail  
6.9.22  
Rach

ASurveys

Table 2: Phase-III (Third Professional) Part 1 Teaching Hours

Subjects	Teaching Hours	Tutorials/Seminars /Integrated Teaching (hours)	Self-Directed Learning (hours)	Total (hours)
General Medicine	25	35	5	65
General Surgery	25	35	5	65
Obstetrics and Gynecology	25	35	5	65
Pediatrics	20	30	5	55
Orthopaedics	15	20	5	40
Forensic Medicine and Toxicology	25	45	5	75
Community Medicine	40	40	5	105
Dermatology	20	5	5	30
Psychiatry	25	10	5	40
Respiratory Medicine	10	8	2	20
Otorhinolaryngology	25	40	5	70
Ophthalmology	30	60	10	100
Radiodiagnosis and Radiotherapy	10	8	2	20
Anesthesiology	8	10	2	20
Clinical Postings*	-	-	-	756
Attitude, Ethics & Communication Module (AETCOM)	-	10	06	25
Total	303	401	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

Subjects	Teaching Hours	Tutorials/Seminars / Integrated Teaching (hours)	Self-Directed Learning (hours)	Total (hours)
General Medicine	70	125	15	210
General Surgery	70	125	15	210
Obstetrics and Gynecology	70	125	15	210
Pediatrics	20	35	10	65
Orthopaedics	20	25	5	50
Clinical Postings**	-	-	-	792
Attitude, Ethics & Communication Module (AETCOM)***	25	-	16	41
Electives	-	-	-	200
Total	250	435	61	1780

\* 25% of allotted time of third professional shall be utilized for integrated learning with pre-and 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.

Alm  
6/9/22

Dasgupta  
6/9/22

3  
6/9/22

al  
6.9.22  
Rachin

Palace  
Surveys

Table 4: Clinical Postings

Subjects	Period of training in weeks			Total weeks
	(I) AHBBS	(II) AHBBS Part I	(III) AHBBS Part II	
Electives	-	-	8* (4 regular clinical postings)	4
General Medicine	4	4	8+4	20
General Surgery	4	4	8+4	20
Obstetrics & Gynaecology	4	4	8+4	20
Pediatrics	2	4	4	10
Community Medicine	4	-	-	10
Onco-rep (including Trauma)	2	4	2	8
Dermatology	4	4	-	8
Ophthalmology	4	4	-	8
Respiratory Medicine	2	-	-	2
Psychiatry	2	2	-	4
Radiodiagnosis	2	-	-	2
Immunology, Virology & Leprosy	2	2	2	6
Dentistry & Anaesthesia	-	2	-	2
Casualty	-	2	-	2
	36	42	48	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 & Gynaecology posting 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 1.

### 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 include tutorials, seminars, Skill Lab training

- Phase 3 Part 1: 35 hrs
- Phase 3 Part 2: 125 hours

Alh  
6/9/22

Cee

Reeco

4  
Sugil Kumar  
6/9/22  
6/9/22  
6.9.22  
Rochi

ASurveys

### **Clinical Posting**

#### **Phase 2:**

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

Alr  
6/9/22

Dr. A. G. S.  
6/9/22

5

6/9/22

al  
6-9-22

Reach

Alr  
6/9/22

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 pattern.
4. 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 assessment.
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 examination.
7. The results of the internal assessment will be displayed on the notice board within 1-2 weeks of the test.
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 competency in 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 Elective posting satisfactorily.

Table 5: Distribution of internal assessment marks across phases

Phase	Theory	Practical/ Clinical
Phase 2	20	20
Phase 3 Part 1	40	40
Phase 3 Part 2	60	60
Sent Up	60	60
Log Book	20	20
Total	200	200

Alm  
6/9/22

*[Signature]*

Prince

Deepthi  
6/9/22

M2  
6/9/22

al  
6.9.22

Reshu

Aswini

### ***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.

*Asw*  
*6/9/22*

*Deepthi*  
*6/9/22*

*M*  
*6/9/22*

*al*  
*6.9.22*

*Ree*

*Rashmi*

*Rilee*

*Asw*



**Table 6: University Examination Marks for OBGY**

**Criteria for passing in a subject:**

**Suggested Reading:**

- ### Reference Books

- Ash  
 6/9/22
- Car
- Blue
- 8
- Dept Assn  
 6/9/22
- Road
- 6/9/22
- al
- 6.9.22
- Harvey

## OBGY Competencies with Specific Learning Objectives

MBBS Phase	NUMBER	COMPETENCY	DOMAIN	LEVEL	Core	SUGGESTED TEACHING LEARNING	SUGGESTED ASSESSMENT METHOD	No for certification	Vertical Integration	Horizontal Integration
		<b>Topic: Demographic and Vital Statistics</b>	<b>Number of competencies: (03)</b>		<b>Number of procedures that require certification: (NIL)</b>					
	<b>OG1.1</b>	<b>Define and discuss birth rate, maternal mortality and morbidity</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>short notes</b>	<b>Community medicine</b>		
Phase 2	OG1.1a	Define birth rate, maternal mortality rate and morbidity including Near Miss Mortality	K	K	Y	Lecture	written			
	OG1.1b	Enumerate factors affecting birth rate	K	K	Y	Lecture	written			
	OG1.1c	Enumerate various factors contributing to maternal mortality	K	K	Y	Lecture	written			
	OG1.1d	Define Near Miss Mortality and criteria for defining near miss	K	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			
	<b>OG1.2</b>	<b>Define and discuss perinatal mortality and morbidity including perinatal and neonatal mortality and</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussions</b>	<b>short notes</b>	<b>Community medicine</b>		
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			
	<b>OG1.3</b>	<b>Define and discuss stillbirth and abortion</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussions</b>	<b>short notes</b>	<b>Forensic Medicine &amp; Toxicology</b>		
phase 3, part 1	OG1.3a	Define stillbirth	k	k	y	SGD	Short notes			
phase 3, part 1	OG1.3b	Classify stillbirth	K	K	Y	Lecture	Shiort notes			
phase 3, part 1	OG1.3c	Evaluate the cause of still birth	K	KH	Y	Lecture	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			
phase 3, part 2	OG1.3g	Discuss causes of recurrent abortion.	K	KH	y	Lecture	Long answer	<b>Forensic Medicine &amp; Toxicology</b>		
phase 3, part 2	OG 1.3h	Describe workup and management of recurrent abortion	K	KH	Y	SGD	Long answer			
		<b>Topic: Anatomy of the female reproductive tract (Basic anatomy and embryology)</b>	<b>Number of competencies:(01)</b>		<b>Number of procedures that require certification :(nil)</b>					
Phase 2	<b>OG2.1</b>	<b>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</b>	<b>k</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion</b>	<b>Theory/skill station</b>	<b>Human Anatomy</b>		
Phase 2	OG2.1a	Discuss the embryological development of female genital tract	K	K		Lecture	Theory			
Phase 2	OG2.1b	Describe the normal anatomy of female genital tract	K	K		Lecture	Theory			
Phase 2	OG2.1c	Explain the relationship of reproductive organs with other pelvic organs	K	KH		Lecture	Theory			
Phase 2	OG2.1d	Enumerate common developmental defects encountered in obstetric and gynecology	A	KH		Lecture	Theory			
Phase 2	OG2.1e	Discuss supports of uterus and discuss their respective roles in preventing prolapse	K	KH		Lecture	Theory			
Phase 2	OG2.1f	Discuss the applied anatomy of the female reproductive organs	K	KH		Lecture	theory			
		<b>Topic: Physiology of conception</b>	<b>Number of competencies :(01)</b>		<b>Number of procedures that require certification: (NIL)</b>					
Phase 2	<b>OG3.1</b>	<b>Describe the physiology of ovulation, menstruation, fertilization,implantation and gametogenesis.</b>	<b>K</b>	<b>K</b>	<b>Y</b>	<b>Lecture/ Seminar</b>	<b>Theory</b>		<b>Human Anatomy</b>	

Phase 2	OG3.1a	Describe the process of Folliculogenesis, ovulation	K	K		Lecture	Theory			
Phase 2	OG3.1b	Describe the formation and function of corpus luteum	K	KH		Lecture	Theory			
Phase 2	OG3.1c	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	OG3.1e	Enumerate the hypothalamic, pituitary and ovarian hormones involved in menstrual cycle, their secretion during n	K	K		Lecture	Theory			
Phase 2	OG3.1f	Discuss Hypothalamo pituitary and ovarian axis and hormonal changes regulating menstrual cycle	K	KH		Lecture	Theory			
Phase 2	OG3.1g	Describe the physiology of fertilization	K	KH		Lecture	Theory			
Phase 2	OG3.1h	Describe the physiology of implantation	K	KH		Lecture	Theory			
Phase 2	OG3.1i	Describe male and female gametogenesis	K	KH		Lecture	Theory			
		<b>Topic: Development of the fetus and the placenta</b>	<b>Number of competencies:(01)</b>			<b>Number of procedures that require certification:(NIL)</b>				
Phase 2	<b>OG4.1</b>	<b>Describe and discuss the basic embryology of fetus, factors influencing fetal growth and developme</b>	<b>K</b>	<b>K</b>	<b>Y</b>	<b>ture, small group discus</b>	<b>Theory</b>	<b>Human Anatomy</b>		
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	OG4.1d	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			
		<b>Topic: Preconception counselling</b>	<b>Number of competencies:(02)</b>			<b>Number of procedures that require certification:(NIL)</b>				
phase 3, part 2	<b>OG5.1</b>	<b>Describe,discuss and identify pre existing medical disorders and discuss their management,discuss evidence based intrapartum care</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Lecture, bedside clinics</b>	<b>theory/clinical assessment</b>			
phase 3 part 2	OG 5.1a	Define periconceptual counselling	K	K	Y	Lecture	Theory			
phase 3 part 2	OG 5.1b	Enumerate the preexisting medical conditions for preconceptional counselling	k	K	y	Lecture	Theory			
phase 3 part 2	OG 5.1 c	Discuss the optimum preconceptional counselling for medical disorders.	K	K	y	Lecture	Theory			
phase 3 part 2	OG 5.1d	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	y	Lecture	Theory			
	<b>OG5.2</b>	<b>Determine maternal high risk factors and verify immunisation status</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Lecture, bedside clinics</b>	<b>theory/ clinical assessment</b>			
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	OG 5.2b	Demonstrate identificaton of maternal high risk factors in periconceptual counselling in simulation	K	SH	Y	bedside clinics	clinical assessment			
phase3- part 2	OG 5.2c	Enumerate the vaccinations required prior to pregnancy and their schedule	K	K	Y	<b>Lecture</b>	<b>clinical assessment</b>			
		<b>Topic: Diagnosis of pregnancy</b>	<b>Number of competencies:(01)</b>			<b>Number of procedures that require certification:(NIL)</b>				
Phase 2	<b>OG6.1</b>	<b>Describe,discuss and demonstrate clinical features of pregnancy,derive and discuss its differential diagnosis,elaborate principles underlying and interpret pregnancy tests</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>Lecture, small group discussions, bedside</b>	<b>Theory/ clinical assessment/ viva voce</b>			
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			
Phase 2	cOG6.1	Enumerate various signs of first, second and third trimester of pregnancy	K/S	K/KH		DOAP/BEDSIDE	viva/CA			
Phase 2	OG6.1d	Demonstrate history taking and examination of patient to diagnose pregnancy	K	K		DOAP	viva			
Phase 2	OG6.1e	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			
Phase 2	OG6.1g	Explain the principles underlying pregnancy tests								
		<b>Topic: Maternal changes in pregnancy      Number of competencies:(01) Number of procedures that require certification:(NIL)</b>								
Phase 2	<b>OG7.1</b>	<b>Describe and discuss changes in genital tract,cardiovascular system,respiratory,hematology,renal :</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>LECTURE,SEMINARS</b>	<b>Theory</b>		<b>Physiology</b>	
Phase 2	OG7.1a	Describe the changes occurring in genital tract and breast in pregnancy	K	K		Lecture	Theory			
Phase 2	OG7.1b	Describe the changes occurring 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			
		<b>Topic: Antenatal care      Number of competencies :(8)      Number of</b>								
Phase 2	<b>OG8.1</b>	<b>Enumerate, describe and discuss the objectives of antenatal care, assessment of period of gestation, screening for high risk factors...,</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Small group discussions, bedside clinics, lecture</b>	<b>written/viva voce/skill assessment</b>	Community Medicine		
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/ Small group	written/ viva			
Phase 2	OG8.1c	Discuss the objectives of antenatal care	K	KH		Lecture/ Small group	written/ viva			
Phase 2	OG8.1d	Demonstrate the calculation of period of gestation of an antenatal women through history, obstetric examination :	K	SH		Small group discussion/	Skill assessment			
Phase 2	OG8.1e	Discuss screening for high risk factors in pregnancy	K	KH		Lecture/ Small group discussion/ bedside	written/ viva			
	<b>OG8.2</b>	<b>Elicit, document and present an obstetric history including menstrual history, previous obstetric history, co-morbid conditions , past medical history and surgical history</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Small group discussion, bedside clinics, lecture</b>	<b>written/ viva voce/ skill assessment</b>			
phase 2	OG8.2a	Demonstrate how to write Obstetric formula ,caluclate LMP , EDD,POG	S	SH	y	DOAP session	Skill assessment			
phase 2	OG 8.2b	Discuss the trimester wise history	K	SH	y	DOAP	Viva VOCE			
phase 3 part1	OG 8.2c	Present obstetric history , past history and personal history including calculation of calories and protein	S	SH	y	DOAP session	Viva Voce			
phase3 part1	OG 8.2 d	Perform obstetric history taking with past and family history taking	K	SH	Y	Bed side cinics	skill assessment			
	<b>OG8.3</b>	<b>Describe, demonstrate, document and perform an obstetrical examination including general and abdominal examination and clinical monitoring of maternal and fetal well being.</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinic, DOAP session</b>	<b>skill assessment</b>			
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	OG 8.3 c	Evaluate maternal conditon by takiing pulse, blood pressure, pallor, Discharge pervaginum, pedal oedem	s	SH	Y	DOAP	Skill assessment			
phase 2	OG8.3d	Ausculate FHS	S	SH	Y	DOAP	skill assessment			
	<b>OG8.4</b>	<b>Describe and demonstrate the clinical monitoring of maternal and fetal well being.</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinic, DOAP, small group discussion</b>	<b>skill assessment/viva voce</b>			
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	OG8.4b	Measure weight, height,BMI, Urine alb/sugar	S	SH	y	DOAP session	Skill assessment			
phase 3 part1	OG8.4c	Show how to counsel for DFMC	S	SH	y	DOAP session	Skill assessment			
phase 3 part1	OG8.4d	Show how to examine the CVS and RS and intepret normal and abnormal findings	K/S	SH	Y	DOAP	Skill assessment			
phase 3 part2	OG 8.4 e	Perform NST	S	SH	Y	DOAP	skill assessment			
	<b>OG8.5</b>	<b>Describe and demonstrate pelvic assessment in a model</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session</b>	<b>Skill assessment</b>			
Phase 2	OG8.5.a	Demonstrate the bony landmarks of theboundary of true pelvis	S	SH	Y	Lecture	Skill assessment			
Phase 2	OG8.5.b	Describe the obstetric significance of the plane of least pelvic dimensions	S	SH	Y	Lecture	Skill assessment			
Phase 3, part 1	OG8.5.c	Demonstrate the assessment of diagonal conjugate on the bony pelvis	S	SH	Y	DOAP	Skill assessment			
Phase 3, part 1	OG8.5.d	Demonstrate the procedure of pelvic assessment on a model of bony pelvis	S	SH	Y	DOAP	Skill assessment			
Phase 3, part 1	OG8.5.e	Describe and demonstrate the anatomical and obstetric pelvic axis on a model of bony pelvis	S	SH	Y	DOAP	Skill assessment			
Phase 3, part 2	OG8.5.f	Interpret the clinical importance of each parameters	K/S	SH		Small group discussion	skill assessment			



Phase 2	<b>OG8.6</b>	<b>Assess and counsel the patient in a stimulated environment regarding appropriate nutrition in pregnancy</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session, bedside clinic</b>	<b>Skill assessment</b>			
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	DOAP session, bedside clinic	Skill assessment			
Phase 2	OG8.6c	Discuss correlation of nutritional deficiencies and adverse pregnancy outcome	K	KH	Y	Lecture/Small group discussion	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	Y	OAP session, bedside clinic	Skill Assessment			
Phase 2	OG8.6f	Take & document dietary history of a pregnant women	S	SH	Y	OAP session, bedside clinic	Skill Assessment			
Phase 2	<b>OG8.7</b>	<b>Enumerate the indications for and types of vaccination in pregnancy.</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group</b>	<b>written/viva voce</b>			
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		Small group discussion	Theory			
Phase 2	OG8.7c	Enumerate vaccines contraindicated in pregnancy	K	KH		Lecture/Small group discussion	Theory/ Viva voce			
Phase 2	<b>OG8.8</b>	<b>Enumerate the indications and describe the investigations including the use of ultrasound in the initial assessment and monitoring in pregnancy</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion</b>	<b>Written/viva voce</b>			
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 /Small group discussion	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		Lecture/ Small group discussion	Theory			
		<b>Topic: Complications in early pregnancy</b>	<b>Number of competencies:(05)</b>		<b>Number of procedure require certification:(NIL)</b>					
Phase 2	<b>OG9.1</b>	<b>Classify, define and discuss the aetiology and management of abortions including threatened, incomplete, inevitable, missed and septic.</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion</b>	<b>written/viva voce</b>			
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 recurrent miscarriage	K	KH		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, /Small group discussion	Theory/ Viva voce			
Phase 2	OG9.1d	Describe the management of abortions(threatened, incomplete, inevitable, missed and septic)	K	KH		Lecture, /Small group discussion	Theory/ Viva voce			
Phase 2	OG9.1e	Enumerate various complications related to abortions and also post abortal care	K	KH		Lecture, /Small group discussion	Theory/ Viva voce			
	<b>OG9.2</b>	<b>Describe the steps and observe/ assist in the performance of an MTP evacuation.</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session, bedside</b>	<b>viva voce</b>	<b>Forensic Medicine</b>		
Phase 3-part1	OG9.2.a	Describe the steps of MTP evacuation.	K	KH	Y	bedside clinic	Viva voce			
Phase 3-part1	OG9.2.b	Enumerate the risks and complications of MTP evacuation.	K	KH	Y	bedside clinic	Viva voce			
Phase 3, part 2	OG9.2.c	Obtain informed consent before doing MTP evacuation.	S	SH	Y	DOAP	VIVA VOCE			
Phase 3, part 2	OG9.2.d	Discuss the methods available for preabortion cervical 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 advice at the time of discharge.	S	SH	Y	Bedside clinic	VIVA VOCE			
	<b>OG9.3</b>	<b>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</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion</b>	<b>Written/viva voce</b>			
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 pregnancies	K	KH	Y	Lecture	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	Lecture, Small group discussion	Theory/viva voce			

	<b>OG9.4</b>	<b>Discuss the clinical features, laboratory investigations,ultrasonography, differential diagnosis, principles of management and follow up of gestational trophoblastic neoplasms</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion</b>	<b>Written/Viva voce</b>		<b>Radiodiagn</b>	
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 ofGTN	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			
	<b>OG9.5</b>	<b>Describe the etiopathology, impact on maternal and fetal health and principles of management of hyperemesis gravidarum</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion</b>	<b>Written/Viva voce</b>			
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			
		<b>Topic: Antepartun haemorrhage</b>	<b>Number of competencies:(02)</b>		<b>Number of procedure require certification:(NIL)</b>					
	<b>OG10.1</b>	<b>Define, classify and describe the aetiology, pathogenesis, clinical features, ultrasonography, differential diagnosis and management of antepartum haemorrhage in pregnancy</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>				
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			
	<b>OG10.2</b>	<b>Enumerate the indications and describe the appropriate use of blood and blood products, their complications and management.</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion</b>			<b>Pathology</b>	
Phase 3, Part2	OG10.2.a	Describe the classification of haemorrhagic shock	K	KH	Y	lecture	written			
Phase 3, Part1	OG10.2.b	Enumerate the steps to be taken before starting a blood transfusion	K	KH	Y	SGD	viva voce			
Phase 3, Part1	OG10.2.c	Discuss clinical features of a blood transfusion reaction	K	KH	Y	SGD	viva voce			
Phase 3, Part2	OG10.2.d	Describe the diagnostic work up of a woman with suspected blood transfusion reaction	K	KH	Y	SGD	written			
Phase 3, part 2	OG10.2.e	List the risks and complications of a blood transfusion reaction	K	KH	Y	SGD	viva voce			
Phase 3, part 2	OG10.2.f	Describe the management of a blood transfusion reaction	K	KH	Y	Lecture	written			
		<b>Topic: Multiple pregnancies</b>	<b>Number of competencies:(01)</b>		<b>Number of procedure require certification:(NIL)</b>					
	<b>OG11.1</b>	<b>Describe the etiopathology, clinical features; diagnosis and investigations, complications, principles of management of multiple pregnancies</b>	<b>K</b>	<b>KH</b>	<b>y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>	<b>Theory/Clinical assessment/ Viva voce/OSCE</b>			
Phase 3, Part2	OG11.1a	Describe the etiopathology of multiple pregnancies	K	KH	Y	lecture	nical assessment/ Viva voce/OSCE			
Phase 3, Part2	OG11.1b	Enumerate the clinical features and diagnosis of multiple pregnancy	K	KH	Y	SGD	Clinical assessment			
Phase 3, Part2	OG 11.1c	Enumerate the investigations for multiple pregnancies	k	KH	Y	Bed side clinics	Clinical assessment			
Phase 3, Part2	OG11.1d	Discuss the ultrasonic features of twin pregnancy and how will you determine the zygosity	K	KH	Y	Lecture	written			
Phase 3, Part2	OG11.1e	Discuss the fetomaternal complications of multiple pregnancy	K	KH	Y	Bed side clinics	viva voce			
Phase 3, Part2	OG11.1f	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			

Phase 3, part 2	OG11.1h	Describe the complications of monochorionic twin	K	KH	Y	Lecture	nical assessment/ Viva voce/OSCE		
		<b>Topic: Medical Disorders in pregnancy</b>	<b>Number of competencies:(08)</b>			<b>Number of procedure require certification:(NIL)</b>			
	<b>OG12.1</b>	<b>Define, classify and describe the etiology and pathophysiology, early detection, investigations; principles of management of hypertensive disorders of pregnancy and eclampsia, complications of eclampsia.</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>	<b>written/Clinical assessment/Viva voce</b>		<b>General Medi</b>
Phase 3/part 1	OG12.1 a	Define and classify hypertensive disorders in pregnancy.	K	KH	Y	Lecture	written		
phase3-part1	OG 12.1 b	List aetiopathogenesis of hypertensive disorders of pregnancy.	K	KH	Y	Lecture	written		
Phase 3/part 1	OG 12.1C	Enumerae methods for early detection of preeclampsia.	K	KH	Y	Lecture,	written		
Phase 3/part 1	OG 12.1 d	Discuss the investigations and their relevance in hypertension in pregnnacy.	K	KH	Y	Small group discussion	Clinical assessmen		
Phase 3/part 1	OG 12.1 e	Discuss the management of hypertensive disorders of pregnancy.	K	KH	Y	SGD	Clinical assessment		
Phase 3/part 2	OG 12.1f	Define eclampsia 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	Clinical assessment		
Phase 3/part 2	OG 12.1h	Enumerate complications of eclampsia.	K	KH	Y	SGD	Clinical assessment		
	<b>OG12.2</b>	<b>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</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>	<b>Written/Clinical assessment/Viva voce</b>		<b>General Medi</b>
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	.Discuss its aetiopathogenesis and Diagnosis	K	KH	Y	Lecture	written		
Phase 3/part 1	OG12.2 .c	Enumerate investigations of anaemia during pregnancy.	K	KH	Y	Small group discussion,	Written/Viva voce		
Phase 3/part 1	OG12.2 .d	Describe the management of anaemia during pregnancy and labor.	K	KH	Y	SGD	viva voce		
Phase 3/part 1	OG12.2 .e	Discuss maternal and fetal complications of anemai in pregnancy.	K	KH	Y	Lecture	Written/Viva		
	<b>OG12.3</b>	<b>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</b>	<b>K</b>	<b>KH</b>	<b>y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>	<b>Written/ Skill assessment/Viva voce</b>		<b>General Medi</b>
phase 3/part 1	OG12.3 a	Define diabetes in pregnancy and List screening methods for gestational diabetes mellitus.	K	KH	Y	Lecture/ SGD	Written/Viva Voce		
phase 3/part 1	OG 12.3 b	Discuss classification aetiopathogenesis of Diabetes in pregnancy.	K	KH	y	Lecture	Written		
phase 3/part 1	OG 12.3 c	Discuss clinical features and diagnosis of diabetes in pregnancy	K	KH	y	Lecture	written		
phase 3/part 1	OG12.3 d	Discuss investigations to be done in pregnant woman with diabetes in pregnancy.	K	KH	Y	Lecture/SGD	Written/Viva voce		
phase 3/part 2	OG 12.3 e	Describe management during pregnancy and labor of diabetes in pregnancy.	K	KH	y	SGD	viva voce		
phase 3/part 2	OG12.3 f	Enumerate maternal and fetal complications of diabetes in pregnancy.	K	KH	Y	Lecture/SGD	written/viva voce		
Phase 3, Part 2	<b>OG12.4</b>	<b>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</b>	<b>K</b>	<b>KH</b>	<b>y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>	<b>Written/ Skill assessment/Viva voce</b>		<b>General Medi</b>
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	OG 12.4 b	Discuss the etiopathogenesis of heart disease in pregnancy.	K	KH	Y	Lecture	Written		
Phase 3, Part 2	OG 12.4 c	Enumerate various methods and investigations for diagnosis of heart disease in pregnancy	K	KH	Y	SGD	Viva voce		
Phase 3, Part 2	OG 12.4 d	Discuss adverse effects on mother and fetus.	K	KH	Y	SGD	VIVA voce		
Phase 3, Part 2	OG 12.4 e	Discuss management during pregnancy and labor.	K	KH	Y	Bed side discussion	VIVA VOCE		
Phase 3, Part 2	OG 12.4 f	Enumerate complications of heart disease in pregnancy and labour.	K	KH	Y	Bed side discussion	VIVA VOCE		
Phase 3, Part 2	<b>OG12.5</b>	<b>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</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, Small group discussion, Bedside clinics</b>	<b>Written/ Viva voce/ Skill assessment</b>		<b>General Medicine</b>











Phase 3, part 1	OG 15.2a	Observe and assist in the performance of an episiotomy								
Phase 3, part 1	OG 15.2b	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 manoeuvres.	S	KH	Y	DOPA session	Skill assessment			
		<b>Topic: Complications of the third stage</b>	<b>Number of competencies:(03)</b>			<b>Number of procedure require certification:(NIL)</b>				
	O.G16.1	<b>Enumerate and discuss causes, prevention, diagnosis , management , appropriate use of blood and</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion, bedside clinics</b>	<b>written/skill assessment</b>			
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			
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	O.G16.1h	Discuss use of blood and blood products in PPH	K	KH	Y	Lecture	written assessment			
	O.G.16.2	<b>Describe and discuss uterine inversion- causes , prevention , diagnosis and management</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussions, bedside clinics</b>	<b>written/viva voce</b>			
Phase 3/part 2	O.G.16.2a	Define uterine inversion	K	KH	Y	ecture/small group discussi	written			
Phase 3/part 2	O.G.16.2b	Enumerate cause of uterine inversion	K	KH	Y	ecture/small group discussi	written			
Phase 3/part 2	O.G.16.2c	Classify uterine inversion	K	KH	Y	ecture/small group discussi	written			
Phase 3/part 2	O.G.16.2d	Discuss diagnosis of uterine inversion based on clinical features	K	KH	Y	ecture/small group discussi	viva voce			
Phase 3/part 2	O.G.16.2e	Discuss the various preventive strategies for uterine inversion	K	KH	Y	Bedside clinics	viva voce			
Phase 3/part 2	O.G.16.2f	Discuss various management options in a case with uterine inversion	K	KH	Y	Bedside clinics	viva voce			
Phase 3/part 2	O.G16.3	<b>Describe and discuss causes, clinical features, diagnosis, investigations, monitoring of fetal well bei</b>	<b>K/S</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussions, bedside clinics</b>	<b>written/skill assessment/viva voce</b>			
Phase 3/part 2	O.G16.3 a	Define Fetal Growth Restriction. Enumerate the causes of FGR and its clinical features.	K	KH	Y	discussions, bedside	assessment/viva voce			
Phase 3/part 2	O.G16.3 b	Discuss the clinical diagnosis and investigations in FGR	K	KH	Y	Lecture	written			
Phase 3/part 2	O.G16.3 c	interpretation	K	KH	Y	,Bedside clinic	viva voce			
Phase 3/part 2	O.G16.3 d	Discuss principles of management in FGR	K	KH	Y	Lecture,	written			
Phase 3/part 2	O.G16.3 e	Discuss prevention of FGR and preconception counselling	K	KH	Y	Lecture,	written			
		<b>Topic: Lactation</b>	<b>Number of competencies:(03)</b>			<b>Number of procedure require certification:(NIL)</b>				
Phase 2	OG17.1	<b>Describe and discuss the physiology of lactation</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion</b>	<b>Written/viva voce</b>			
Phase 2	OG 17.1a	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	<b>Counsel in a simulated environment, care of the breast, importanceand the technique of breast feed</b>	<b>S/A/C</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session</b>	<b>Skill assessment</b>			
Phase 2	OG17.2 a	Discuss the importance and advantages of breast feeding.	k	KH	Y	Lecture	written			
Phase 3, Part 2	OG17.2 b	Discuss care of the breast	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	<b>Describe and discuss the clinical features, diagnosis andmanagement of mastitis and breast abscess</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce</b>			



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			
		<b>Topic: Care of the newborn</b>	<b>Number of competencies:(04)</b>				<b>Number of procedure require certification:(NIL)</b>			
Phase3, part 2	<b>O.G18.1</b>	<b>Describe and discuss the assessment of maturity of the newborn,dignosis of birth asphyxia, principl</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>Written/viva voce</b>		<b>Pediatrics</b>	
Phase3, part 2	OG18.1a	Describe & discuss assessment of maturity of newborn	K	KH	Y	Small group discussion,	Written,Viva Voce			
Phase3, part 2	OG18.1b	Diagnose birth asphyxia	S	SH	Y	DOAP session	Skill assessment			
Phase3, part 2	OG18.1 c	Enumerate the principles of resuscitation	K	KH	Y	Small group discussion,	Written,Viva Voce			
Phase3, part 2	OG 18.1d	Discuss common problems encountered during neonatal resuscitation	K	KH	Y	Small group discussion,	Written,Viva Voce			
Phase3, part 2	O.G.18.2	<b>Demonstrate the steps of neonatal resuscitation in a simulated environment</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session</b>	<b>Skill assessment</b>		<b>Pediatrics</b>	
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	<b>Describe and discuss the diagnosis of birth asphyxia</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce</b>		<b>Pediatrics</b>	
Phase3, part 2		Define birth asphyxia	K	KH	Y	Lecture/Small group	Written/Viva			
Phase3, part 2	OG18.3a	Enumerate causes of birth asphyxia	K	KH	Y	Lecture/Small group	Written/Viva			
Phase3, part 2	OG18.3b	Discuss the diagnosis of birth asphyxia	K	KH	Y	Lecture/Small group discussion	Written/Viva			
Phase3, part 2	O.G.18.4	<b>Describe the principles of resuscitation of the the newborn and enumerate the common problems en</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce</b>		<b>Pediatrics</b>	
Phase3, part 2	OG18.4a	Describe the principles of resuscitation of the newborn	K	KH	Y	Lecture/Small group	Written/Viva			
Phase3, part 2	OG18.4b	enumerate the steps of resuscitation	K	KH	Y	Lecture/Small group	Written/Viva			
Phase3, part 2	OG18.4c	Enumerate common problems encountered during neonatal resuscitation	K	KH	Y	Lecture/Small group discussion	Written/Viva			
		<b>Topic: Normal and abnormal puerperium</b>	<b>Number of competencies:(04)</b>				<b>Number of procedure require certification:(NIL)</b>			
	OG19.1	<b>Describe and discuss the physiology of puerperium, its complications, diagnosis and management; counselling for contraception, puerperal sterilization</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion,bedside clinics</b>	<b>en/viva voce/skill assesment</b>			
Phase 2	OG19.1a	Define puerperium and discuss the physiological changes that occur during puerperium	K	KH	Y	Lecture	Written			
Phase 2	OG19.1b	Describe the complications of puerperium and their diagnosis and management	K	KH	Y	Lecture/ Small group	Written/ Viva			
Phase 3, Part 2	OG19.1c	Enumerate methods for postpartum contraception, their indications & contraindications	K	KH	Y	Lecture/Small group	Viva voce			
Phase 3, Part 2	OG19.1d	Counsel regarding contraception in lactating and non- lactating mothers and puereral sterilization	S	SH	Y	DOAP	Clinical Assessment			
Phase 3, Part 2	OG19.1e	Enumerate postnatal advice to be given to postpartum patient	K	KH	Y	Small Group Discussion	Viva voce			
	OG19.2	<b>Counsel in a simulated environment, contraception and puerperal sterilisation</b>	<b>S/A/C</b>	<b>SH</b>	<b>Y</b>	<b>DOAP Session</b>	<b>skill assessment</b>	<b>Community Medicine</b>		
Phase 2	OG19.2a	Enlist postpartum contraceptive choices	K	KH	Y	Small Group Discussion	Viva voce			
Phase 3, Part 2	OG19.2b	Counsel in a simulated environment , regarding choice of contraception in lactating and non-lactating m	S/A/C	SH	Y	DOAP session	Skill assessment			
	OG19.3	<b>Observe/ assist in the performance of tubal ligation</b>	<b>S</b>	<b>KH</b>	<b>Y</b>	<b>DOAP session, intraoperative</b>	<b>Skill assessment</b>			
phase 3, Part 2	OG 19.3 a	Discuss the indication, timing, metod , indivation and contra indication of post partum sterilisation								
phase 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			
	OG19.4	<b>Enumerate the indications for, describe the steps in and insert and remove an intrauterine device in a simulated environment</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP Session</b>	<b>Skill assessment</b>			

phase 2	OG19.4a	Enumerate the indications for use of intrauterine device and the timing of insertion in puerperium	K	KH	Y	Small group discussion	Viva			
phase 3 part2	OG19.4b	Describe the steps to insert and remove an intrauterine device in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
		<b>Topic: Medical termination of pregnancy</b>	<b>Number of competencies:(03)</b>			<b>Number of procedure require certification:(NIL)</b>				
	<b>OG20.1</b>	<b>Enumerate the indications and describe and discuss the legal aspects, indications, methods for first and second trimester MTP;</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce/skill assesment</b>	<b>Forensic Medicine</b>		
Phase 2	OG20.1a	Enumerate the indications of first and second trimester MTP	K	KH	Y	Lecture	Written			
Phase 2	OG20.1b	Describe the methods for first trimester MTP- Medical and Surgical methods	K	KH	Y	Lecture	written/viva voce/skill 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 MTP Act & its amendments &Discuss the legal aspects of first and second trimester MTP	K	KH	Y	Lecture/ Small group discussion	Written/ Viva			
Phase 3, Part 2	OG20.1d	Describe the complications and management of complications of Medical Termination of Pregnancy	K	KH	Y	Lecture/ Small group discussion	Written/ Viva			
	<b>OG20.2</b>	<b>In a simulated environment administer informed consent to a person wishing to undergo Medical Termination of Pregnancy</b>	<b>S/A/C</b>	<b>SH</b>	<b>Y</b>	<b>DOAP</b>	<b>Skill assessment</b>		<b>Forensic Medicine</b>	
phase 2	OG20.2a	Offer the woman different methods for first trimester and second trimester MTP	C	SH	Y	DOAP session/bedside clinics	skill assessment/viva voce			
phase 2	OG20.2b	Inform the women about the risks and complications of the procedure	C	SH	Y	DOAP session/bedside clinics	skill assessment/viva voce			
phase 3 part 2	OG20.2c	Take consent in the language the women understands.	A	SH	Y	DOAP session/bedside clinics	skill assessment/viva voce			
phase 3 part 2	OG20.2d	Ensure that the consent is voluntary.	A	SH	Y	DOAP session/bedside clinics	skill assessment/viva voce			
phase 3 part 2	OG20.2e	Ensure that the consent is being taken for the correct indication,the place of MTP is govt. approved and if pregna	K	SH	Y	DOAP session/bedside clinics	skill assessment/viva voce			
phase 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	DOAP session/bedside clinics	skill assessment/viva voce			
	OG20.2g	Administer informed consent to a women wishing to undergo second trimester MTP in a simulated environment p	S	SH	Y	DOAP session/bedside clinics	skill assessment/viva voce			
	<b>OG20.3</b>	<b>Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC&amp; PNDT) Act 1994 &amp; its amendments</b>	<b>K</b>	<b>K/KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>kill assessment/viva voce</b>	<b>Forensic Medicine</b>		
Phase 3 Part 2	OG20.3a	Discuss Pre-conception and Pre Natal Diagnostic Techniques (PC& PNDT) Act 1994 & its amendments	K	KH	Y	Lecture				
		<b>Topic: Contraception</b>	<b>Number of competencies:(02)</b>			<b>Number of procedure require certification:(NIL)</b>				
	<b>OG21.1</b>	<b>Describe and discuss the temporary and permanent methods of contraception, indications, technique and complications; selection of patients, side effects and failure rate including Ocs, male contraception, emergency contraception and IUCD</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion, bedside clinics</b>	<b>written/viva voce/skill assesment</b>	<b>Community Medicine</b>		
Phase 2	OG21.1a	Enumerate the temporary and permanent methods of contraception	K	KH	Y	Lecture	Written/ Viva voce			
Phase 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	
Phase 2	OG21.1c	Describe failure rates of different contraceptive methods	K	KH	Y	Lecture	Viva Voce			
Phase 2	OG21.1d	Enumerate methods available under National Family Welfare program	K	KH	Y	Lecture	Written/ Viva voce			
Phase 2	OG21.1e	Describe the advantages,disadvantages,failue rate and mechanism of male barrier contraceptive	K	KH	Y	Lecture/ Small group	Written/ Viva voce			
Phase 2	OG21.1f	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, contraindicat	K	KH	Y	Lecture/ Small group	written/viva voce			
Phase 2	OG21.1h	Classify hormonal methods of contraception	K	KH	Y	Lecture/ Small group discussion	written/viva voce			
Phase 2	OG21.1I	Describe the classification and mechanism of action of combined OCP'S, contraindications, failure rate, side effect	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	OG21.1l	Define Long Acting Reversible Contraceptive Methods (LARC) and their advantages	K	KH	Y	Lecture/ Small group	written/viva voce			
Phase 3, Part 1	OG21.1m	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	OG21.1n	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	OG21.1o	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	<b>OG21.2</b>	<b>Describe &amp; discuss PPIUCD programme</b>	<b>K</b>	<b>K/KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce</b>			
Phase 2	OG21.2a	Describe PPIUCD and Post abortal IUCD programme	K	K	Y	Lecture	Written			
Phase 2	OG21.2b	enumerate the various timings of post partum IUCD insertion(post placental,intra ceasarean and within	K	KH	Y	Small group discussion	Viva voce			
Phase 2	OG21.2c	describe the advantages and limitations of PPIUCD	K	KH	Y	Small group discussion	Viva voce			
Phase 2	OG21.2d	describe the MEC and technique of PPIUCD insertion	K	KH	Y	Small group discussion	Viva voce			
Phase 2	OG21.2e	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			
		<b>Topic: Vaginal discharge Number of competencies:(02) Number of procedure require certification:(NIL)</b>								
Phase 3 part 1	<b>OG22.1</b>	<b>Describe the clinical characteristics of physiological vaginal discharge.</b>	<b>k</b>	<b>KH</b>	<b>Y</b>	<b>Lecture</b>	<b>Theory</b>			
Phase 3 part 1	OG22.1a	Differentiate between physiological and pathological vaginal discharge	K	KH	Y	Lecture	theory			
Phase 3 part 1	OG22.1b	Describe the clinical characteristics of physiological vaginal discharge	K	KH	Y	Lecture	theory			
Phase 3 part 1	<b>OG22.2</b>	<b>Describe and discuss the etiology (with special emphasis on Candida, T. vaginalis, bacterial vaginosis), characteristics, clinical diagnosis, investigations, genital hygiene, management of</b>	<b>k</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, bedside clinics</b>	<b>Written/viva voce/ skill assessment</b>			
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			
Phase 3 part 1	OG22.2b	Discuss the characteristics, clinical diagnosis, investigations of pathological vaginal discharge	K	KH	Y	Bedside Clinics, Small	Viva Voce/ Skill			
Phase 3 part 1	OG22.2c	Discuss the Genital hygiene	K	KH	Y	Bedside Clinics, Small	Viva Voce			
Phase 3 part 1	OG22.2d	Discuss the management of common causes of vaginal discharge and the syndromic management	K	KH	Y	Bedside Clinics, Small	Viva Voce			
		<b>Topic: Normal and abnormal puberty Number of competencies:(03) Number of procedure require certification:(NIL)</b>								
	<b>OG23.1</b>	<b>Describe and discuss the physiology of puberty, features of abnormal, common problems and their</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion,Bedside clinics</b>	<b>written/viva voce</b>			
Phase 3, Part 1	OG23.1a	Describe the physiology and endocrinology of puberty.	K	KH	Y	Lecture	Written/Viva Voce			
Phase 3, Part 1	OG23.1b	Enumerate the biological sequential events observed during puberty.	K	KH	Y	Small group discussion	Written/Viva Voce			
Phase 3, Part 2	OG23.1c	Describe TANNER staging of female secondary sexual characters.	S	SH	Y	Bedside clinics	Viva Voce			
Phase 3, Part 2	OG23.1d	Describe features of abnormal puberty	K	KH	Y	Small group discussion	Viva Voce			
Phase 3, Part 2	OG23.1e	Discuss Common problems of puberty and their management	K	KH	Y	Bedside Clinics, Small Group Discussions	Written/Viva Voce			
Phase 3, Part 2	OG23.1f	List the causes,investigations and management of puberty menorrhagia.	K	KH	Y	Bedside Clinics, Small Group Discussions	Written/Viva Voce			
Phase 3, Part 2	<b>OG23.2</b>	<b>Enumerate the causes of delayed puberty. Describe the investigation and management of common causes</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce</b>			
Phase 3, Part 2	OG23.2a	Enumerate the causes of delayed puberty	K	KH	Y	Lecture	Written/ Viva voce			



Phase 3, Part 2	OG23.2b	Describe the investigation for delayed puberty	K	KH	Y	Small Group Discussion	Written/ Viva voce			
Phase 3, Part 2	OG23.2c	Discuss the management of common causes of delayed puberty	K	KH	Y	Small Group Discussion	Written/ Viva voce			
Phase 3, Part 2	<b>OG23.3</b>	<b>Enumerate the causes of precocious puberty</b>	<b>K</b>	<b>K</b>	<b>N</b>	<b>Lecture, small group discussion</b>	<b>written/viva voce</b>			
Phase 3, Part 2	OG23.3a	Define precocious puberty.	K	K	N	Lecture, small group discussion	written/viva voce			
Phase 3, Part 2	OG23.3b	Enumerate the causes of Precocious puberty.	K	K	N	Lecture, small group discussion	written/viva voce			
		<b>Topic: Abnormal uterine bleeding</b>	<b>Number of competencies:(01)</b>			<b>Number of procedure require certification:(NIL)</b>				
	<b>OG24.1</b>	<b>Define, classify and discuss abnormal uterine bleeding, its aetiology, clinical features, investigations, diagnosis and management</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,small group discussion</b>	<b>written/viva voce</b>			
Phase 3, Part 1	OG24.1a	Define Abnormal uterine bleeding	K	KH	Y	Lecture	Written			
Phase 3, Part 1	OG24.1b	Enumerate common causes of AUB in different age groups	K	KH	Y	Lecture	Written			
Phase 3, Part 1	OG24.1c	Discuss AUB classification (PALM-COEIN)	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3, Part 1	OG24.1d	Discuss clinical features of different causes of AUB	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3, Part 2	OG24.1e	Discuss investigations, diagnosis of AUB	K	KH	Y	Lecture/ Small Group Discussion	Written/Viva Voce			
Phase 3, Part 2	OG24.1f	Discuss management of AUB	K	KH	Y	Lecture/ Small Group Discussion	Written/Viva Voce			
Phase 3, Part 2	<b>OG24.2</b>	<b>Describe and discuss the etiopathogenesis, clinical features; investigation and implications on health and fertility and management of endometriosis and adenomyosis</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, small group discussion</b>	<b>Written/Viva Voce</b>			
Phase 3, Part 2	OG24.2a	Describe & Discuss the etiopathogenesis of endometriosis and adenomyosis	K	KH	Y	Lecture	Written/Viva Voce			
Phase 3, Part 2	OG24.2b	Describe clinical features of Endometriosis & Adenomyosis	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3, Part 2	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			
		<b>Topic: Amenorrhea</b>	<b>Number of competencies:(01)</b>			<b>Number of procedure require certification:(NIL)</b>				
	<b>OG25.1</b>	<b>Describe and discuss the causes of primary and secondary amenorrhea, its investigation and the principles of management</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,smallgroup discussion</b>	<b>written/viva voce</b>			
Phase 3, Part 2	OG25.1a	Define Primary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce			
Phase 3, Part 2	OG25.1b	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	OG25.1e	Plan the managemet of common causes of Primary amenorrhea.	K	KH	Y	Small Group Discussion	Viva Voce			
Phase 3, Part 2	OG25.1f	Define Secondary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce			
Phase 3, Part 2	OG25.1g	Enlist common causes of secondary amenorrhea.	K	KH	Y	Lecture	Written/Viva Voce			







Phase 3, part 2	OG28.4a	Enumerate the various techniques of ART including sperm recovery.	K	K	N	Lectures, seminars, bedside clinics	written/viva voce			
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			
Phase 3, part 2	OG28.4d	Discuss briefly ICSI, embryo/oocyte donation and gestational surrogacy.	K	K	N	Seminar	Viva Voce			
		<b>Topic: Uterine fibroids</b>	<b>Number of competencies:(01)</b>			<b>Number of procedure require certification:(NIL)</b>				
	<b>OG29.1</b>	<b>Describe and discuss the etiology; pathology; clinical features; differential diagnosis; investigations; principles of management, complications of fibroid uterus</b>	<b>K/A/C</b>	<b>KH</b>	<b>Y</b>	<b>Lecture, bedside clinics</b>	<b>theory/OSCE/Clinical assessment/viva voce</b>			
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/			
		<b>Topic: PCOS and hirsutism</b>	<b>Number of competencies:(02)</b>			<b>Number of procedure require certification:(NIL)</b>				
Phase 3, Part2	<b>OG30.1</b>	<b>Describe and discuss the etiopathogenesis; clinical features; differential diagnosis; investigations; management, complications of PCOS</b>	<b>K/A/C</b>	<b>KH</b>	<b>Y</b>	<b>lecture, bedside clinics</b>	<b>Lecture Theory/VivaVoce/OSCE/Clinical Assessment</b>			
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/			
Phase 3, Part2	<b>OG30.2</b>	<b>Enumerate the causes and describe the investigations and management of hyperandrogenism</b>	<b>K</b>	<b>KH</b>	<b>N</b>	<b>Lecture</b>	<b>theory/viva Voice/OSCE/ Clinical Assessment</b>			
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			
Phase 3, Part2	OG30.2b	Discuss the management of a case of hyperandrogenism	K	KH	N	Small Group Discussion	Theory, Viva Voce			
		<b>Topic: Uterine prolapse</b>	<b>Number of competencies:(01)</b>			<b>Number of procedure require certification:(NIL)</b>				
	<b>OG31.1</b>	<b>Describe and discuss the etiology, classification, clinical features, diagnosis, investigations, principles of management and preventive aspects of prolapse of uterus</b>	<b>K/S</b>	<b>KH</b>	<b>Y</b>	<b>Lecture/bedside clinics</b>	<b>Written/ Viva Voce/ Skill Assessment</b>			
Phase 3, Part1	OG31.1a	Define pelvic organ prolapse and discuss the aetiology of prolapse	K	KH	Y	Lecture	Theory			
Phase 3, Part1	OG31.1b	Describe and discuss the classification of UV prolapse including POP Q and Shaw's Classification	K	KH	Y	Lecture	Theory			
Phase 3, Part1	OG31.1c	Describe & discuss the clinical features of UV Prolapse	K	S	Y	Small Group Discussion,	Viva Voce			
Phase 3, Part2	OG31.1d	Discuss the diagnosis & investigations of Prolapse	K	KH	Y	Small Group Discussion,	Viva Voce			
Phase 3, Part2	OG31.1e	Discuss the principles of conservative (Non surgical) management of Prolapse	K	KH	Y	Small Group Discussion,	Viva Voce			
Phase 3, Part2	OG31.1f	Discuss the principles of surgical management of Prolapse	K	KH	Y	Small Group Discussion,	Viva Voce			





	<b>OG33.4</b>	<b>Enumerate the methods to prevent cancer of cervix including visual inspection with acetic acid (VIA), visual inspection of cervix with Lugol's iodine (VILI), pap smear and colposcopy</b>	<b>K</b>	<b>K</b>	<b>Y</b>	<b>Lecture,small group discussion,bedside clinics</b>	<b>viva voce/written</b>			
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	Lecture, Small Group discussion	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	Lecture/ 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			
		<b>Topic: Benign and malignant diseases of the uterus and the ovaries</b> <b>Number of competencies:(04)</b> <b>Number of procedure require certification:(NIL)</b>								
	<b>OG34.1</b>	<b>Describe and discuss aetiology, pathology, staging clinical features, differential diagnosis, investigations, staging laparotomy and principles of management of endometrial cancer</b>	<b>K</b>	<b>KH</b>	<b>Y</b>	<b>Lecture,bedside clinic</b>	<b>viva voce/written/skill assessment</b>			
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 categories	K	K	Y	Lecture	Written			
Phase 3 Part 2	OG34.1c	Describe the latest FIGO staging of Endometrial Cancer	K	K	Y	Lecture	Written			
Phase 3 Part 2	OG34.1d	Describe the signs and symptoms of endometrial cancer	K	KH	Y	Lecture,bedside clinic	viva voce/written			
Phase 3 Part 2	OG34.1e	Enumerate the differential diagnosis of Endometrial cancer	K	KH	Y	Lecture,bedside clinic	viva voce			
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	skill assessment/ Viva voce			
Phase 3 Part 2	OG34.1g	Describe and discuss the techniques of endometrial sampling - endometrial biopsy and endometrial 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	Y	Lecture,bedside clinic	viva voce/written			
Phase 3 Part 2	OG34.1i	Discuss the principles of management	K	KH	Y	Lecture,bedside clinic	viva voce/skill assessment			
	<b>OG34.2</b>	<b>Describe and discuss the etiology, pathology, classification, staging of ovarian cancer, clinical features, differential diagnosis, investigations, principal of management including staging laparotomy</b>	<b>K/S</b>	<b>KH</b>	<b>Y</b>	<b>Lecture</b>	<b>Theory/OSCE/ Clinical assessment/viva voce</b>			
Phase 3 Part 2	OG34.2a	Enumerate the causes and risk factors for ovarian cancer	K	KH	Y	Lecture	viva voce			
Phase 3 Part 2	OG34.2b	Classify the histopathologic types of ovarian cancer and type epithelial ovarian cancer into low risk and high risk categories	K	KH	Y	Lecture	Theory			
Phase 3 Part 2	OG34.2c	Describe the latest FIGO staging of Ovarian cancer	K	KH	Y	Lecture	Theory			
Phase 3 Part 2	OG34.2d	Describe signs and symptoms of ovarian cancer	K	KH	Y	Lecture	Theory			
Phase 3 part 2	OG34.2e	Enumerate the differential diagnosis of ovarian cancer	K	KH	Y	Lecture	clinical assessment			
Phase 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			
Phase 3 part 2	OG34.2g	Describe the steps of staging laparotomy	K	KH	Y	Lecture	viva voce			
Phase 3 part 2	OG34.2h	Discuss the principles of management	K	KH	Y	Lecture	clinical assessment			
	<b>OG34.3</b>	<b>Describe and discuss the etiology, pathology, classification, staging, clinical features, differential diagnosis, investigations and management of gestational trophoblastic disease</b>	<b>K/S</b>	<b>KH</b>	<b>Y</b>	<b>Lecture</b>	<b>Theory/OSCE/Clinical assessment</b>			
Phase 3 Part 1	OG34.3a	Define & Classify the gestational Trophoblastic Diseases	K	KH	Y	Lecture	Theory			
Phase 3 Part 1	OG34.3b	Discuss the etiology of development of gestational trophoblastic disease	K	KH	Y	Lecture	viva voce			
Phase 3 Part 1	OG34.3c	Describe the pathology of Complete Mole, Partial Mole & Gestational Trophoblastic Neoplasia	K	KH	Y	Lecture	Theory			

Phase 3 Part 1	OG34.3d	Describe signs and symptoms of molar pregnancy	K	KH	Y	Lecture	clinical assessment			
Phase 3 Part 1	OG34.3e	Enumerate the differences between partial mole and complete mole	K	KH	Y	Lecture	ry/OSCE/Clinical assessment			
Phase 3 Part 1	OG34.3f	Discuss the differential diagnosis of molar pregnancy	K	KH	Y	Small Group Discussion	clinical assessment			
Phase 3 Part 1	OG34.3g	Discuss the diagnosis and work up of molar pregnancy	K	KH	Y	ture/ Small Group Discus	clinical assessment			
Phase 3 Part 1	OG34.3h	Describe the management and follow up of Hydatidiform mole	S	KH	Y	ture/ Small Group Discus	clinical assessment			
Phase 3 Part 2	OG34.3i	Enumerate the risk factors for development of GTN	K	KH	Y	Lecture	theory			
Phase 3 Part 2	OG34.3j	Describe staging and WHO scoring for gestational trophoblastic neoplasia	K	KH	Y	Lecture	Theory			
Phase 3 Part 2	OG34.3k	Describe investigations for diagnosis and treatment of GTN	K	KH	Y	Lecture	clinical assessment			
Phase 3 Part 2	OG34.3l	Discuss the principles of management and follow up of GTN	K	KH	Y	Lecture	clinical assessment			
	<b>OG34.4</b>	<b>Operative Gynaecology : Understand and describe the technique and complications: Dilatation &amp; Curettage (D&amp;C); EA-ECC; cervical biopsy; abdominal hysterectomy; myomectomy; surgery for ovarian tumours; staging laparotomy; vaginal hysterectomy including pelvic floor repair; Fothergill's operation, Laparoscopy; hysteroscopy; management of postoperative complications</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Videos,on maniquins,observe procedures and surgery in OR</b>	<b>VIVA VOCE</b>			
Phase 3 Part 1	OH34.4a	Enumerate the indications of Dilatation & Curettage	K	KH	Y	Small Group Discussion	VIVA VOCE			
Phase 3 Part 1	OH34.4b	Describe the steps of Dilatation & Curettage	S	SH	Y	eos/observe procedures in	VIVA VOCE			
Phase 3 Part 1	OH34.4c	Enumerate the complications of D&C and describe their management	K	KH	Y	Small Group Discussion	VIVA VOCE			
Phase 3 Part 1	OH34.4d	Enumerate the indications of endometrial aspiration and endocervical curettage	K	SH	Y	Small Group Discussion	VIVA VOCE			
Phase 3 part 2	OH34.4e	Describe the steps of Endometrial aspiration and ECC and their complications	K	SH	Y	eos/observe procedures in	VIVA VOCE			
Phase 3 Part 1	OH34.4f	Enumerate the methods of cervical biopsy and their indications				Small Group Discussion	VIVA VOCE			
Phase 3 part 2	OH34.4g	describe the steps of cervical biopsy and the complications	K	SH	Y	eos/observe procedures in	VIVA VOCE			
Phase 3 part 2	OH34.4h	Describe the steps of abdominal hysterectomy	K	SH	Y	eos/observe procedures in	VIVA VOCE			
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	OH34.4j	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	OH34.4l	Describe the steps of vaginal hysterectomy	K	SH	Y	deos/observe surgery inO	VIVA VOCE			
Phase 3 part 2	OH34.4m	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	VIVA VOCE			
Phase 3 part 2	OH34.4o	Enumerate the intraoperative & postoperative complications of major gynecological surgery, their presentations a	K	KH	Y	le Clinics/ Small group discu	Viva VOCE			
Phase 3 part 2	OH34.4p	Describe the steps of diagnostic and operative laparoscopy	S	SH	Y	deos/observe surgery inO	Viva VOCE			
Phase 3 part 2	OH34.4q	Discuss the complications of laparscopy, their prevention and management	K	KH	Y	le Clinics/ Small group discu	Viva VOCE			
Phase 3 part 2	OH34.4r	Describe the steps of diagnostic & operative hysteroscopy				videos/observe surgery inOR				
Phase 3 part 2	OH34.4s	Discuss the complications of hysteroscopy, their prevention and management	K	KH	Y	le Clinics/ Small group discu	Viva VOCE			
Phase 3 part 2	OH34.4t	Identify the instruments used for operative gynecology	S	SH	Y	Small group discussion	VIVA VOCE			
		<b>Topic: Obstetrics &amp; Gynecological skills-I</b>	<b>Number of competencies:(17)</b>				<b>Number of procedure require certification:(17)</b>			
Phase 2	OG35.1	<b>Obtain a logical sequence of History, and perform a humane and thorough clinical examination, ex</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinic</b>	<b>Clinical asesment/viva voce</b>			
Phase 2	OG35.1a	Demonstrate history taking from an obstetric patient in a logical sequence	K	SH	Y	Bedside Clinic	Viva Voce			
Phase 2	OG35.1b	Demonstrate history taking from a gynecological patient in a logical sequence	K	SH	Y	Bedside Clinic	Clinical assessment			
Phase 2	OG35.1c	Establish a rapport with the patient and make her comfortable	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 examination					Clinical assessment			
Phase 2	OG35.1e	Perform examination starting general condition, vitals, general physical examination,	S	SH	Y	Bedside clinic	clinical assessment			
Phase 2	OG35.1f	Ensure patient comfort throughout the examination	S	SH	Y	Bedside clinic	Clinical Assessment			
Phase 3Part 2	<b>OG35.2</b>	<b>Arrive at a logical diagnosis after examination</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>ical asesment or viva voce</b>			

Phase 3, Part2	OG35.2a	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	Y	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			
Phase 3 Part 2	<b>OG35.3</b>	<b>Recognize situations which call for urgent or early treatment at secondary and tertiary centres and make a prompt referral of such patients after giving first aid or emergency treatment</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>clinical assessment or viva voce</b>			
Phase 3, Part2	OG35.3a	Enumerate clinical situations in a pregnant women that require urgent emergency treatment	K	SH	Y	Bedside clinics	Clinical assessment/ Viva			
Phase 3, Part2	OG35.3b	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	Describe clinical findings of an acute emergency in an obstetric patient	K	SH	Y	Bedside clinics	Clinical assessment/ Viva			
Phase 3, Part2	OG35.3e	Discuss emergency treatment of common obstetrical emergencies like Eclampsia, AFIH, PPH, Shock before referral	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	Write a referral of a patient in emergency situation after giving emergency treatment, describe all the important information related to patient care	S	SH	Y	Bedside clinics	Clinical assessment/ Viva			
Phase 3, Part2	<b>OG35.4</b>	<b>Demonstrate interpersonal and communication skills befitting a physician in order to discuss illness and its outcome with patient and family</b>	<b>A/C</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>Clinical assessment/ viva voce</b>			
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	C	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	C	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	C	SH	Y	Bedside clinics	Clinical assessment			
Phase 2	<b>OG35.5</b>	<b>Determine gestational age, EDD and obstetric formula</b>	<b>K/S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>Clinical assessment</b>			
Phase 2	OG35.5a	Determine the gestational age & EDD from LMP	S	SH	Y	Bedside clinics	Clinical assessment			
Phase 2	OG35.5b	Discuss the role of ultrasound in dating pregnancy	K	SH	Y	Bedside clinics	Clinical assessment			
Phase 2	OG35.5c	Determine gestational age & EDD in the absence of reliable LMP dates	S	SH	Y	Bedside clinics	Clinical assessment			
Phase 2	OG35.5d	Write an obstetric formula for a pregnant woman	S	SH	Y	Bedside clinics	Clinical assessment			
	<b>OG35.6</b>	<b>Demonstrate ethical behaviour in all aspects of medical practice</b>	<b>A/C</b>	<b>SH</b>	<b>Y</b>	<b>Bedside Clinics</b>	<b>Clinical assessment or viva voce</b>			
Phase 2	OG35.6a	Discuss principles of ethical behaviour in medical practice	K	SH	Y	Bedside Clinics	Clinical assessment			
Phase 3 Part 2	OG35.6b	Demonstrate to be respectful and not to be judgemental during interactions with the patients	C	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			
	<b>OG35.7</b>	<b>Obtain informed consent for any examination or procedure</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside Clinics</b>	<b>Clinical assessment or viva voce</b>			
phase 2	OG35.7a	Discuss the components of informed consent	S	SH	Y	Bedside Clinics	Clinical assessment/ Viva			
phase 2	OG35.7b	Discuss the eligibility criteria for giving consent in the contex tof Obstetrics & Gynecology	S	SH	Y	Bedside Clinics	Clinical assessment/ Viva			
phase 2	OG35.7c	Select appropriate consent form for different procedures in Obstetrics & Gynecology	S	SH	Y	Bedside Clinics	Clinical assessment			
phase 2	OG35.7d	Demonstrate taking consent for examination of a female patient	S	SH	Y	Bedside Clinics	Clinical assessment			
phase 3 part 2	OG35.7e	Demonstrate taking consent for a procedure in a simulated environment	S	SH	Y	Bedside Clinics	Clinical assessment			
phase 3 part 2	OG35.7f	Demonstrate the documentation of informed consent	S	SH	Y	Bedside Clinics	Clinical assessment			



Phase 3 Part 2	<b>OG35.8</b>	<b>Write a complete case record with all necessary details</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside</b>	<b>Clinical assessment or viva voce</b>			
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	<b>OG 35.9</b>	<b>Write a proper discharge summary with all relevant information</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside</b>	<b>Clinical assesment</b>			
Phase 3 Part 2	OG 35.9a	Write a proper discharge summary with all relevant information including diagnosis, treatment given, history	S	SH	Y	Bedside Clinics	Clinical assessment			
Phase 3 Part 2	OG 35.9b	Write all the relevant investigations on the discharge card								
Phase 3 Part 2	OG 35.9c	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	<b>OG35.10</b>	<b>Write a proper referral note to secondary or tertiary centres or to other physicians with all necessary details</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>Clinical assessment or viva voce</b>			
Phase 3 Part 2	OG35.10a	write a proper referral including diagnosis, reason for referral, Case summmary, investigations and treatment	S	SH	Y	Bedside Clinics	viva voce			
Phase 2	<b>OG35.11</b>	<b>Demonstrate The correct use of appropriate universal precautions for self protection against HIV</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session</b>	<b>Skill assessment</b>			
Phase 2	OG35.11a	Enumerate the components of the universal precautions	K	KH	Y	Small group discussion	Short notes/ viva			
Phase 2	OG35.11b	Enumerate about the body fluids for which universal precautions need to be used	K	KH	Y	Small group discussion	Short notes/ viva			
Phase 2	OG35.11c	List four main universal precautions- standard precautions, hand hygiene, personal protective equipment, needle stick injury prevention and cleaning and disinfection	K	KH	Y	Small group discussion	Short notes/ viva			
Phase 2	OG35.11d	Demonstrate correct method of hand washing	S	SH	Y	DOAP Session	Skill assessment			
Phase 2	OG35.11e	Demonstrate wearing of gown and gloves correctly before a procedure	S	SH	Y	DOAP Session	Skill assessment			
Phase 2	OG35.11f	Demonstrate the disposal of used needles, syringes and sharps	S	SH	Y	DOAP Session	Skill assessment			
Phase 2	OG35.11g	Discuss the biomedical waste disposal	S	SH	Y	DOAP Session	Skill assessment			
Phase 2	OG35.11h	Demonstrate action to be taken after needle stick injury from a known/unknown HIV status patient and relevant patient counselling	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	<b>OG35.12</b>	<b>Obtain a pap smear in a simulated environment</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session</b>	<b>Skill assesment</b>			
Phase 3 part 2	OG35.12a	Select patient for pap smear testing	S	SH	Y	Small Group discussion	Viva Voce			
Phase 3 part 2	OG35.12b	Counsel a patient before Pap Smear	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.12c	Identify correct instruments for testing	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.12d	Enumerate correct steps of pap smear	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.12e	Observe Pap Smear procedures in OPD	S	SH	Y	Observe in OPD	Log book			
Phase 3 part 2	OG35.12f	Demonstrate taking a pap smear correctly in simulated environment	S	SH	Y	DOAP Session	Skill assessment			
Phase 3 part 2	OG35.12g	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	<b>OG35.13</b>	<b>Demonstrate the Correct technique to perform Artificial rupture of membranes in a simulated/supervised environment</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP session</b>	<b>Skill assessment</b>			
Phase 3 Part 1	OG35.13a	Describe ARM as a method of induction labour and its augmentation	S	SH	Y	Small group discussion	Skill assessment			
Phase 3 Part 1	OG35.13b	Enumerate prerequisites before ARM	S	SH	Y	Small group discussion	Skill assessment			
Phase 3 Part 1	OG35.13c	Identify correct instruments for ARM	S	SH	Y	DOAP session	Skill assessment			
Phase 3 Part 1	OG35.13d	Enumerate correct steps of ARM	S	SH	Y	DOAP session	Skill assessment			
Phase 3 Part 1	OG35.13f	Discuss the important things to be checked regarding amniotic fluid, fetal and maternal monitoring after ARM	S	SH	Y	DOAP session	Skill assessment			
Phase 3 Part 1	OG35.13g	Observe ARM in labour room	S	SH	Y	DOAP session	Log book			
Phase 3 Part 1	OG35.13h	Demonstrate the correct technique to perform ARM in a simulated environment	S	SH	Y	DOAP session	Skill assessment			
Phase 3 Part 1	<b>OG35.14</b>	<b>Demonstrate the Correct technique to perform and suture episiotomy in a simulated/supervised environment</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>DOAP Session</b>	<b>Skill assessment</b>			
Phase 3 Part 1	OG35.14a	Enumerate the indications of episiotomy	K	KH	Y	Small Group Discussion	Viva Voce			





Phase 3, part 2	<b>OG36.2</b>	<b>Organize antenatal, postnatal, well baby and family welfare clinics</b>	<b>K/S</b>	<b>KH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>Clinical assessment/viva voce</b>			
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			
Phase 3 Part 2	<b>OG36.3</b>	<b>Demonstrate the correct technique of punch biopsy of uterus in a simulated/supervised environment</b>	<b>S</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics</b>	<b>Clinical assessment/viva voce</b>			
Phase 3 Part 2	OG36.3a	Enumerate indications of punch biopsy of cervix and proper site for biopsy	K	KH	Y	Small Group Discussion	Viva Voce			
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	Demonstrate the correct technique of punch biopsy from appropriate site in a simulated environment	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			
		<b>Topic: Obstetrics &amp; Gynecological skills-III</b>	<b>Number of competencies:(07)</b>			<b>Number of procedure require certification:(NIL)</b>				
Phase 3 Part2	OG37.1	<b>Observe and assist in the performance of a Cesarean Section</b>	<b>K/S/A/C</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics,small group discussions</b>	<b>Log book</b>			
Phase 3 Part 2	OG37.1a	Classify different types of cesarean sections	K	K	Y	small group discussions	Viva Voce			
Phase 3 Part 2	OG37.1b	Describe the steps of cesarean section	K	SH	Y	Bedside clinics	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	OG37.1d	Properly scrub for the major surgery	A	SH	Y	Bedside clinics	Clinical Assessment			
Phase 3 Part 2	OG37.1e	identify the lower uterine segment, uterovesical fold of peritoneum, bladder, and adenexal structures	K	SH	Y	Bedside clinics	Clinical Assessment			
Phase 3 Part 2	OG37.1f	Observe the cesarean section	S	SH	Y	Bedside clinics	Log book			
Phase 3 Part 2	OG37.1g	Take well informed consent for cesarean section	C	SH	Y	Bedside clinics	Clinical Assessment			
Phase 3 Part 2	OG37.2	<b>Observe and assist in the performance of Laparotomy</b>	<b>K/S/A/C</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics, small group discussion</b>	<b>Clinical assessment/viva voce</b>			
Phase 3 Part 2	OG37.2a	Describe the anatomy of anterior abdominal wall	K	SH	Y	small group discussion	viva voce			
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	C	SH	Y	Bedside clinics	Clinical assessment			
Phase 3 Part2	<b>OG37.3</b>	<b>Observe and assist in the performance of Hystrectomy Abdominal/ Vaginal</b>	<b>K/S/A/C</b>	<b>SH</b>	<b>Y</b>	<b>Bedside clinics,small group discussions</b>	<b>Clinical assessment/viva voce</b>			
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	Y	small group discussions	viva voce			
Phase 3 Part 2	OG37.3c	Describe the steps of vaginal Hysterectomy	K	SH	Y	small group discussions	viva voce			
Phase 3 Part 2	OG37.3d	Properly scrub for the major surgery	A	SH	Y	small group discussions	Clinical assessment			
Phase 3 Part 2	OG37.3e	Observe the Abdominal Hysterectomy	S	SH	Y	Bedside clinics	Log Book			
Phase 3 Part 2	OG37.3f	Observe the vaginal hysterectomy	S	SH	Y	Bedside clinics	Log Book			



[illegible]