SRI BALAJI VIDYAPEETH

(Deemed – to be - University u/s 3of UGC Act, 1956)

Pillaiyarkuppam, Puducherry - 607 402

Mahatma Gandhi Medical College and Research Institute Shri Sathya Sai Medical College and Research Institute



COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM M.D. PAEDIATRICS (2020 Onwards)

(As approved at the 30th Academic Council Meeting held on 28th September 2020)

Preface

Following the promulgation of the much awaited Competency Based Medical Education (CBME) for post graduate by the Medical Council of India (MCI) (superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move. Sri Balaji Vidyapeeth (SBV), Puducherry, Deemed to be University, declared u/s 3 of the UGC Act. and accredited by the NAAC with A grade, takes immense privilege in preparing such an unique document in a comprehensive manner and most importantly the onus is on the Indian setting for the first time with regard to the competency based medical education for post graduate programs that are being offered in the broad specialty departments. SBV is committed to making cardinal contributions that would be relaised by exploring newer vistas. Thus, post graduate medical education in the country could be made to scale greater heights and SBV is poised to show the way in this direction.

Prof. Subhash Chandra Parija, MBBS, MD, PhD, DSc, FRCPath, FAMS, FICPath, FABMS, FICAI, FISCD, FIAVP, FIATP and FIMS Vice Chancellor, Sri Balaji Vidyapeeth, Puducherry.

Preface

Following roll out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors), adoption of CBME for post-graduate by it is welcome move.

The MCI has laid down the syllabus course wise, listing competency to some extent, teaching learning methods and the assessment methods as well. The MCI describes competencies in three domains (knowledge, skill, and attitude). However, the most significant problem in competency-based training is the development of appropriate assessment tools.

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although MCI has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of The six competency model (ACGME) for residency education: Medical Knowledge, Patient Care, Practice Based Learning and Improvement, Systems Based Practice, Professionalism, Inter personal and Communication Skills gives better clarity and in-depth explanation. The sub-competency and their milestone levels are mapped into the entrustable professional activities (EPA) that are specific to the individual postgraduate program. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPA's which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and eportfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.



Prof.M.Ravishankar MBBS, MD (Anaesthesia), FRCP Dean, MGMCRI Puducherry-607 402 Dr.Sukumaran Annamalai MBBS, MD., (GM), D.H.H.M., Dean, SSSMCRI, Kancheepuram District Tamil Nadu - 603 108 **Foreword**

It gives me great pride in writing a foreword for the Pediatrics PG curriculum, which has

been possible by the perseverance and dedication of the members of the boards of studies and

the constant encouragement of our respected Dean, Dr. M. Ravishankar and our beloved Vice

principal, Dr. Seetesh Ghose.

The Medical council of India has laid solid guidelines for the Pediatrics curriculum and it

was the futuristic vision of the eminent and honourable Vice Chancellor of our University,

Dr. S. C. Parija, who galvanized me on the journey of innovation and improvisation of the

PG curriculum.

The Pediatrics PG curriculum aims at showing objectively what we are expecting our PG

trainee to know and perform throughout the course and beyond. When I look at the post

graduate curriculum of the United Kingdom or United States or other countries, I find that

they have structured learning objectives and assessment tools for each increasing level of

competency in the Pediatrics course. Hence this course will be one of the first in the country

in designing an on par framework for our post graduates, who will go through an objective

and structured competency based learning and assessment in their clinical training.

Tomorrow when I assess the post graduate, I can objectively say what level of professional

competency I expect him/her to possess at a particular point of time in his training. In

addition I will be able to tell whether he is ready to move to the next level of training and if

not what particular skills need to be mastered.

I hope this PG course will find increasing acceptance among the students, teachers and

educational planners.

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Sri Balaji Vidyapeeth University Department of Pediatrics Post- Graduate Program

1. Preamble:

The competency based curriculum should take into account the needs of the society, both local and global. It needs to outline the demand for the present day as well as future. The curriculum needs to be reviewed at least every five years to address the trending needs, as new knowledge is evolving and communication of the same is seamless. Accordingly the competencies need to meet the societal needs detailing the cognitive, psychomotor and affective domain development for attaining these competencies.

The curriculum indicates to the candidate the knowledge, basic skills and attitudes required to become a competent anaesthesiologist. It disciplines the thinking habits for problem solving and discovery of new knowledge in the field of anaesthesiology. It defines the Teaching-Learning methods adopted for the resident to achieve the goals of the, and the methods of assessment performed throughout the training period and at the completion of training. The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment.

2. Program Educational Objectives (PEO):

Programme Educational Objectives are broad statements that describe what graduates are expected to attain within few years of completing their programme. These are based on the needs of the society as analysed and outlined by the regulatory body.

So as defined by Medical Council of India (MCI), the PEO for MD Pediatrics are as follows:

- o **PEO1**: Specialist who can provide comprehensive care related to Pediatrics over and above the physician of first contact.
- o **PEO2:** Leader and team member who understands health care system and act to provide safe patient care with accountability and responsibility.
- o **PEO3:** Communicator possessing adequate communication skill to convey required information in an appropriate manner in various health care setting.
- o **PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher
- **PEO5:** Professional who understands and follows the principle of bio-ethics / ethics related to health care system.

3. Program Outcome (PO):

PO's represent broad statements that incorporate many areas of inter-related knowledge and skills developed over the duration of the program through a wide range of courses and experiences. They represent the big picture and describe broad aspects of knowledge, skill and attitude development. They encompass multiple learning experiences.

After a period of 3 years, the resident should be able to attain the following PO's:

- o **PO1:**Recognize the health needs of infants, children and adolescents in keeping with principles of the National Health Policy
- PO2:Demonstrate adequate competencies pertaining to Pediatrics that are required to be practiced in the community and at all levels of health system.
- o **PO3:**Effectively communicate with the child, family and the community regarding illness, prevention, treatment.
- PO 4:Demonstrate knowledge of advances and developments in medical sciences as related to child health
- o **PO5:** Identify patient safety and system approach to medical errors
- PO6: Identify the needs of patients and society and provide cost effective preventive care and advocacy.
- o **PO7:** Communicate with stake holders of the health care system.
- o **PO8:** Perform self-directed learning and critical appraisal of medical literature.
- o **PO9:** Develop & execute a protocol for a scientific research project, collect and analyse the data and scientifically communicate to the others
- o PO10: Informed consent and shared responsibility.

4. Course and Course Objectives (CO):

CO's describe the learning that will take place across the curriculum through concise statements, made in specific and measureable terms, of what students will know and /or be able to do after successful completion of each course.

4.1 Course 1 (C1): Applied Basic Medical Sciences related to Pediatrics

Objectives: At the end of three years post graduate student should be able to

- C1.1 Apply knowledge of pre and para clinical science related to newborn and child health.
- C1.2 Apply knowledge of medical genetics related to new born & child healths.
- C1.3 Complete the basic course in Biomedical research, Data collection and analysis, scientific communication

4.2 Course 2 (C2): Newborn and Community Pediatrics

Objectives: At the end of three years post graduate student should be able to

- C2.1 Provide effective and quality care in the perinatal period.
- C2.2 Provide effective and adequate care to all the premature and low birth weightbabies and to recognize and effectively manage the complications associated with prematurity
- C2.3 Manage effectively all the infections and systemic disorders in the new-born period
- C2.4 Recognize and effectively manage the congenital malformation in the newborn for the favourable outcome
- C2.5 Provide vital statistics related to Neonatology
- C2.6 Perform investigative procedures and therapeutic skills related to Neonatology
- C2.7 Recognise and manage disorders of Growth and Nutrition in children
- C2.8 Recognize the developmental and behavioural disorders in Pediatrics and to effectively manage with appropriate therapies
- C2.9 Recognize Autism, ADHD, learning disability and similar disorders at an early age and collaborate with Psychiatrists/Child Psychologist for the treatment of such patients.
- C2.10 Evaluate and manage common Adolescents related problems.
- C2.11 Perform investigative procedures and therapeutic skills in Pediatrics
- C2.12 Communicate effectively the nature and prognosis of the disease to the care givers. C2.13 Recognise and effectively manage illness at community level as per IMNCI guidelines
- C2.14 Recognise and implement national health programmes
- C2.15 Possess a comprehensive knowledge about the vaccines including the constituents, efficacy, storage, contraindications and adverse reactions
- C2.16 Perform the investigation of an epidemic.

4.3 Course 3 (C3): General Pediatrics and Pediatric sub Speciality

Objectives: At the end of three years post graduate student should be able to

- C3.1 Evaluate and manage common Cardiovascular and Respiratory disorders
- C3.2 Evaluate and manage common Gastrointestinal and Hepatobiliary disorders

- C3.3 Evaluate and manage common Neurological disorders
- C3.4 Evaluate and manage common Hematological and oncological disorders
- C3.5 Evaluate and manage common Renal disorders
- C3.6 Evaluate and manage common Endocrine disorders
- C3.7 Evaluate and manage common Immunological and Allergic disorders
- C3.8 Evaluate and manage common musculoskeletal disorders
- C3.9 Evaluate and manage common disorders of skin, eye, ear, nose and throat.
- C3.10 Recognize and evaluate the common pediatric surgical conditions and if necessary make prompt and appropriate referral to the pediatric surgical unit.

4.4 Course 4 (C4): Emergency Pediatrics, Critical care and Recent Advances

Objectives: At the end of three years post graduate student should be able to

- C4.1 Discuss the recent advances in pediatrics including newer diseases and newer investigations
- C4.2 Discuss the newer drugs, therapeutic advances including transplantation
- C4.3 Discuss the recent advances in neonatology
- C4.4 Discuss the application of genetics in Pediatrics
- C4.5 Recognise and manage effectively all the pediatric emergencies and if necessary make prompt and appropriate referrals.
- C4.6 Recognise and manage common poisonings in children including the medico legal aspects of medical care.
- C4.7 Manage effectively patients requiring ventilation (Invasive and non-invasive) and critical care.
- C4.8 Perform critical appraisal of Medical literature.

Programme mapping facilitates the alignment of course-level outcomes with programme outcomes. It allows faculty to create a visual map of a programme. It is also used to explore how students are meeting program-level outcomes at the course level. Outcome mapping focuses on student learning.(Table 1)

Table1. Mapping of PEO, PO and CO

| | | PE | O 1 | | PF | EO2 | PEO3 | PI | EO 4 | PEO 5 |
|----|-----|-----|-----|-----|-----|-----|------|-----|------|-------|
| | PO1 | PO2 | PO3 | PO4 | PO5 | PO6 | PO7 | PO8 | PO9 | PO10 |
| C1 | Y | | Y | | | | | Y | Y | |
| C2 | Y | Y | | Y | Y | Y | Y | Y | | Y |
| С3 | | Y | Y | Y | Y | Y | Y | Y | | Y |
| C4 | | | | Y | | | Y | Y | Y | Y |

All courses run concurrently for 3 years with a summative assessment at the end of 3 years. The program is competency based and the competencies, sub-competencies and milestones are detailed. These are mapped to the Entrustable professional activities (EPA) identified as skills essential for a specialist. Formative assessment is carried out every three months using appropriate tools, for identifying eligibility for transfer of trust.

5. Competencies, Sub-competencies and Milestone:

The post graduate program is competency based, consisting of six domains of competency. Sub-competencies under these domains, specific to the speciality, have been mentioned in general terms. The progression through the curriculum is detailed in sub-competency a milestone identified as essential for a specialist. Formative assessment includes EPA assessment, and is carried out every quarter using appropriate level that directs the prescribed syllabus. These sub-competency milestones are mapped to the Entrustable Professional Activities (EPAs), tools, for identifying eligibility for transfer of trust, to the resident. (Table 2)

Table 2. Description of Competencies, Sub-competencies and Milestone

Domain of Competencies

- 1. Medical Knowledge (MK) Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social- behavioural sciences, and the application of this knowledge to patient care.
- Patient Care (PC) Provide patient-centred care that is compassionate, appropriate, for effective management and acquire skills appropriate for teaching and conducting research.
- System Based Practise (SBP) Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care, inculcating quality and economical practices.
- Practice Based Learning and improvement (PBLI) Demonstrate the commitment to learn by literature search, feedback, practice and improve upon their ability.
- Interpersonal Communication skills (IPCS) Demonstrate behaviour and skills that result in the effective communication, exchange of information and cooperation with patients, their families, and health professionals
- Professionalism (P) Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

| Medical Knowle dge | Description | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------------------------|---|--|----------------------|---------|---------------------------------------|--|
| MK 1 | Knowledge of structure and function of fetal, neonatal, pediatric and function of feta anatomy, physiology neonatal, pediatric and basic biochemical pathways related to basic biochemical health and disease and itspathways related to correlation to physical health and disease signs and symptoms of disease batterns of growth a development in chill patterns of growth a development in chill abnormal nutritional states in children | Demonstrates aExplain abnormalitieKnowledge of structureassociated withand function of fetal,congenitalneonatal, pediatricmalformations, inheranatomy, physiology and disorders and inbornerrors of metabolismbasic biochemicalerrors of metabolismpathways related toExplainhealth and diseasepathophysiology ofinfections and non-infectious inflammatpatterns of growth and in health and diseasein health and diseasedevelopment in childrenExplain abnormal anDemonstrate normal and related to diseaseabnormal nutritionalstates in childrenExplainpathophysiology of acute states and metabolic derangemein health and diseasein health and disease | ited in ited ogy ogy | | d d d d d d d d d d d d d d d d d d d | bemonstrates knowledge regarding of atypical signs and symptoms of neonatal and pediatric conditions as mentioned in Level 2 |

| MK 2 | Apply established and Demonstrates the | Demonstrates the | Demonstrates an | Demonstrates the ability Educates residents | Educates residents | Demonstrate ability to |
|------|---|-------------------------|---|---|-------------------------------|-------------------------------|
| | emerging principles of ability to formulate a | | initial | to Interprets tests | regarding normal and | share knowledge with |
| | clinical sciences to | | evaluation and treatment appropriate for neonatal | | abnormal neonatal and | multidisciplinary team |
| | diagnostic and | of variousneonatal | options various neonatal | and pediatric | pediatric conditions | regarding normal and |
| | therapeutic decision | and pediatric | and pediatric | conditions.(Ref.to MK 1 | Ref.to MK 1 L1&2) | abnormal neonatal and |
| | making, clinical | conditions (Ref.to | ditions.(Ref.to MK 1 | L2) | Demonstrate ability to | pediatric |
| | problem solving, and | MK 1 L2) | L2) | (Haematology, | share knowledge with | conditions.(Ref.to MK 1 |
| | other aspects of | | Demonstrates the ability Biochemical, | Biochemical, | other members of the | L1&2) |
| | evidence-based health | | to formulate | Microbiology, Radiology health care. | health care. | Applies innovative |
| | care | | comprehensive |) Demonstrates the | | approaches and |
| | | | | ability to formulate | | implements treatment |
| | | | patients with common | comprehensive | | plans based on emerging |
| | | | neonatal and pediatric | management plans for | | evidence for normal and |
| | | | iditions.(Ref.to MK 1 | obstetrics and | | abnormal neonatal and |
| | | | L2) | gynaecological patients | | pediatric conditions |
| | | | | with comorbidities | | |
| | | | | (Ref.to MK 1 L2) | | |
| MK3 | Apply principles of | Recognise common | Assess | Analyze psychosocial- | Educates residents and | Leads a |
| | social-behavioral | psychosocial-cultural | psychosocial-cultural | cultural influences on | other health care | multidisciplinary team in |
| | sciences to provision | influences on | influences on children's | children's health, care- | members regarding | planning for care of |
| | of patient care, | children's | health, care-seeking, | seeking, care- | psychosocial-cultural | patients. |
| | including assessment | health, care-seeking, | | compliance, barriers and influences on children's | influences on children's | Applies innovative |
| | of the impact of | care-compliance, | barriers and attitudes | attitudes toward care | health, care-seeking, | approaches and |
| | psychosocial- cultural | barriers and attitudes | toward care | Prepare a plan to | care- compliance, | implements treatment |
| | influences on health, | toward care | | improve woman's care- | barriers and attitudes | plans based on emerging |
| | disease, care-seeking, | | | seeking and care- | toward care | evidence |
| | care- compliance, and | | | compliance attitudes | | |
| | barriers to and | | | toward health care. | | |
| | attitudes toward care | | | | | |

| MK 4 | Apply principles of | Recall the principles A | Apply principles to the | pply principles to the Apply principles to the Suggest the treatment | Suggest the treatment | Plan disease prevention |
|-------------|--|-------------------------|---|--|-----------------------|-------------------------|
| | epidemiological | of epidemiological | identification of health | identification of risk | strategies of health | and health promotion |
| | sciences to the | sciences | problems. | factors | problem | efforts for patient and |
| | identification of health Demonstrates | Demonstrates | Demonstrates | Recommends age-and | | population in the |
| | problems, risk factors, knowledge of the | knowledge of the | knowledge of evidence- risk- appropriate | risk- appropriate | | community. |
| | Treatment strategies, characteristics of a | characteristics of a | based, age- appropriate vaccinations, nutritional | vaccinations, nutritional | | |
| | resources, and disease good screening test | good screening test | guidelines for children's guidance | guidance | | |
| | prevention/heal th | Demonstrates | health maintenance and | | | |
| | promotion efforts for knowledge of | knowledge of | disease prevention (e.g., | | | |
| | patients and | indications and | newborn screening | | | |
| | populations | limitations of | program, school health | | | |
| | | commonly used | program, national | | | |
| | | screening tests | nutritional programs) | | | |

| Patient | Patient Provide patient- | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|------------------------------------|--|--|---|--|--------------------------|
| , | compassionate, | | | | | |
| | appropriate, and | | | | | |
| | treatment of health | | | | | |
| | problems and the | | | | | |
| | promotion of health) | | | | | |
| | Gather essential | Demonstrates basic | Perform basic history | Interprets test results | Demonstrates a | Applies innovative |
| | and accurate | knowledge of normal andtaking and physical | | and screens for neonatal | comprehensive | approaches to recognizes |
| | information about | abnormal symptoms and | examination appropriate | and pediatric conditions | understanding of the | atypical presentations |
| | patients and their | signs of disease. | to neonatal and pediatric | | varying patterns of | neonatal and pediatric |
| | condition through | | conditions. | | tric | conditions. |
| | history- taking, | | | | conditions. Effectively | |
| | physical | | | | supervises and educates | |
| | examination, and | | | | lower- level residents. | |
| | available laboratory | | | | | |
| | data, imaging, and | | | | | |
| | other tests. | | | | | |
| | Perform diagnostic, Performs basic | | Performs airway | Performs synchronised | Supervises and educates Applies innovative | Applies innovative |
| | and surgical | procedures, including | management and | management of common lower level residents. | | approaches based on |
| | procedures | peripheral venous | ventilator care Performs medical emergencies | | | emerging evidence in |
| | considered | cannulation, lumbar | advanced Neonatal | without supervision | to | medical, diagnostic and |
| | essential for the | puncture, and basic | resuscitation Performs | | of the | procedural skill. |
| | area of practice. | neonatal resuscitation. | PALS | | nealth care team | |
| | | Demonstrates basic | | | | |
| | | surgical principles, | | | | |
| | | including use of | | | | |
| | | universal precautions and | | | | |
| | | aseptic technique | | | | |

| data, imaging of normal and abnormal suddehormal commonly performed specially performed studies, and other range of values in laboratory data, imaging performed laboratory data, imaging studies with underlying performed laboratory data, imaging studies studies studies with underlying data, imaging studies out patient of neonatal and pediatric assessment, formulates and patient of neonatal and pediatric assessment, formulates and patient carry pediatric assessment, formulates and initiates decision making and comprehensial diagnosis, stroke, and initiates treatment for uncommon patient of neonatal and pediatric and carry blans to management plan. Recognizes to complications and carry plans bear their management plan. Recognizes routine complications and carry plans bear secretaring of high risk interventions and need of advanced investigation of the effectiveness, risks, and contrainded and perform common drugs and contraindications of forms of management common drugs and option. | PC3 | Interpret laboratory | Interpret laboratory Demonstrate knowledge Interpretation of | | Interpretation of | Formulates management Applies innovative | Applies innovative |
|--|------|----------------------|--|-----------------------------|------------------------|--|--------------------------|
| studies, and other range of values in tests required for heomatal and pediatric studies. rest required for heomatal and pediatric studies. roudisons studies. | | data, imaging | | commonly performed | | | approaches to treatment |
| tests required for heonatal and pediatric studies. Correlating the conditions Aboratory data, imaging performed laboratory conditions Aboratory data, imaging performed laboratory conditions Aboratory data, imaging performed laboratory conditions Aboratory data, imaging studies with underlying pathology pathology Aborat management plans energencies (asthma, rationally seizures, sepsis, shock, rationally seizures, sepsis, shock, rationally Aboratory management plans energencies (asthma herit management plans) Aboratory management plans energencies (asthma herit management plans Aboratory management plan | | studies, and other | range of values in | | | | plans based on emerging |
| rationally screening of high risk here restricted performed and pediatric assessment plans rationally recognise rounding of high risk here restricted and performs and performs the initial representation of high risk here restricted and performs and performs their management plans recreening of high risk formulate initial representations and performs and performs and performs their management plans. Recognise routine complications and restricted and prevent disease. Recognise routine plans the prescribed interventions and perform the prescribed interventions and perform and performs and perform the prescribed interventions and performs and perform the prescribed interventions and performs and perform the prescribed interventions and contraindications, benefits, complications, and contraindications of forms of management plans. Denonstrate a basic comment plan infant in interventions and contraindications of forms of management plans. Denonstrates a basic common drugs and contraindications of priton. | | tests required for | neonatal and pediatric | | | and paediatric conditions.k | evidence |
| pediatric pediatric studies with underlying conditions pathology cout patient plans energencies (asthma, activate plans pathology rationally reactionally recizences (asthma, activate plans energencies (asthma, activate plans energencies (asthma, activate plans energencies) (asthma, activate plans) (asthmanagement plans energencies) (asthma, activate plans) (asthmanagement plans) (a | | neonatal and | conditions | | Correlating specially | | |
| conditions conditions conditions pathology Develop and carry Deve | | pediatric | | | performed laboratory | | |
| Develop and carry Demonstrate knowledge Performs the initial four patient of neonatal and pediatric assessment, formulates a plans and initiates nanagement plans energencies (asthma, rationally retribupate in newborn, common pediatric and initiates treatment for uncommon pediatric and initiates treatment for uncommon pediatric and neonatal newborns and perform the prescribed investigations and perform of interventions and perform here and perform here in an interventions and perform here in an interventions and perform here in an interventions and contraindications of the effectiveness, risks and contraindications of the herapeutics in pediatrics. | | conditions | | | data, imaging studies | | |
| Develop and carry Demonstrate knowledge Performs the initial formulates management Demonstrates so sathma, of neonatal and pediatric assessment, formulates a plans and initiates reatment for uncommon and initiates treatment for uncommon and interventions and performates a basic common pediatric and benefits, complications of common drugs and contraindications of performs on the reaching and contraindications of common drugs and contraindications of performs in pediatrics. Demonstrates a basic common drugs and contraindications of performs of management performs of management plan. Demonstrates a basic common drugs and contraindications of performs of management plan. Demonstrates a basic common drugs and contraindications of performs of management plan. Demonstration and contraindications of performs of management plan. Demonstrates a basic common drugs and contraindications of performs of management plan. Demonstration and contraindications of performs of management plan. Demonstrates a basic common drugs and contraindications of performs of management plan. Demonstrates a basic common drugs and contraindications of performance and contraindications. Demonstrates a basic common drugs and contraindications of performance and contraindications. Demonstrates a pediatrics. | | | | nology | with underlying | | |
| Develop and carry Demonstrate knowledge Performs the initial out patient of neonatal and pediatric assessment, formulates a plans and initiates management plans rationally seizures, sepsis, shock, rationally rationally seizures, sepsis, shock, rationally seizures, sepsis, shock, rationally recognise in newborn, common pediatric and Disorders Recognise routine complications and recent and perform ranagement plan. Recognise routine complications and prevent disease. Recognise routine complications and interventions and interventions and interventions and contraindications of pation. Demonstrates a basic complications, benefits of available effectiveness, risks and effectiveness, risks and contraindications of prion. | | | | | pathology | | |
| of neonatal and pediatric assessment, formulates a plans and initiates emergencies (asthma, seizures, sepsis, shock, and initiates treatment for uncommon ability to modify treatment for uncommon ability to modify and initiates treatment forsituations in pediatric and interventions and perform the prescribed investigations and contraindications of performance of management and contraindications of performance of management plan. Identifies an infant in interventions and effectiveness, risks, benefits of available common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. Demonstrates a basic common drugs and contraindications of performance of management plans. | PC 4 | Develop and carry | Demonstrate knowledge | | Formulates managementl | | Provides on-going, |
| emergencies (asthma, seizures, sepsis, shock, and initiates treatment forsituations in pediatrics and initiates treatment forsituations in pediatrics. Recognies routine common pediatric and plans to management plan. Recognies routine complications and perform formulate initial mewborns and perform the prescribed investigations and perform of meed of advanced investigations. Demonstrates a basic common drugs and contraindications of forms of management common drugs and contraindications. Demonstrates and perform of management plans. Identifies an infant in interventions and perform need of advanced investigations. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans. Demonstrates a basic common drugs and contraindications of forms of management plans and contraindications of forms of management plans and contraindications and contraindications and contraindications | | out patient | of neonatal and pediatric | assessment, formulates a | | | comprehensive care for |
| seizures, sepsis, shock, and initiates treatment forsituations in pediatrics. tachypnea in newborn, tachypnea in newborn, and hypoglycemia) and their management plan. Recognies routine screening of high risk he prescribed investigations and interventions and erfectiveness, risks, benefits, complications of common drugs and contraindications of percommend response of common drugs and therapeutics in pediatrics. | | management plans | | | treatment for uncommon | | patients with neonatal |
| d neonatal n. Disorders Recognise n. Disorders Recognise omplications and formulate initial n. Management plan. Identifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available of forms of management option. Common pediatric and prevent disease. formulation during management. consultation during management. | | rationally | seizures, sepsis, shock, | and initiates treatment for | | | and pediatric disorders. |
| d neonatal Disorders Recognise complications and formulate initial Management plan. Identifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available of forms of management option. Goursels of management option. defective means and prevent disease. Indentifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available option. | | | tachypnea in newborn, | | | | Applies innovative |
| Disorders Recognise plans to maintain health management. complications and formulate initial Management plan. Identifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available of forms of management option. Output Disorders Recognise and prevent disease. Identifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available option. | | | NB hypoglycemia) and | | | | approaches to treatment |
| complications and and prevent disease. formulate initial Management plan. Identifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available of forms of management option. complication and prevent disease. Identifies an infant in need of advanced effectiveness, risks and option. | | | their management plan. | ise | alth | | plans based on emerging |
| LS, to of the cics. | | | Recognies routine | | and prevent disease. | <u> </u> | evidence |
| I I I I I I I I I I I I I I I I I I I | | | screening of high risk | formulate initial | | | |
| | | | newborns and perform | Management plan. | | | |
| need of resuscitation. Counsels on the effectiveness, ris benefits of availa forms of manage option. | | | the prescribed | Identifies an infant in | | | |
| | | | interventions and | Jo | | | |
| | | | investigations | resuscitation. | | | |
| | | | Demonstrates a basic | Counsels on the | | | |
| | | | understanding of the | effectiveness, risks and | | | |
| | | | effectiveness, risks, benefits complications | benefits of available | | | |
| | | | and contraindications of | forms of management | | | |
| therapeutics in pediatrics. | | | common drugs and | option. | | | |
| | | | therapeutics in pediatrics. | | | | |

| Provide health care Demonstrates | | Recommends age- and | Demonstrates | Effectivelysupervise sA | sApplies innovative |
|---|--|---------------------------|--|---|--------------------------|
| services aimed at | knowledge of the | risk- appropriate | comprehensive | and educates lower levelapproaches for | pproaches for |
| preventing health | characteristics of a good vaccinations. | vaccinations. | knowledge of vaccines | residents. | preventive and promotive |
| problems or | screening test. | Recommends newborn | for special circumstances Collaborates and | • | health care. |
| maintaining health Demonstrates | | screening to parents of | | provides consultation to | |
| | comprehensive | neonate Demonstrates | | other members of the | |
| | knowledge of the | use of specific screening | | health care team | |
| | common vaccines | tools for ADHD, Autism, | | | |
| | including adverse effects Developmental delay, etc | Developmental delay, etc | | | |
| | and contraindications | Safely administers | | | |
| | Demonstrates | vaccines to children | | | |
| | knowledge of vaccine | | | | |
| | storage. | | | | |
| | | | | | |
| Provide appropriate Identifies | | Prepare necessary | Uses a multi-Disciplinary Effectively supervises | | Follow up till final |
| referral of patients indications for | | for | approach and makes | and educates lower level outcome after referral | utcome after referral |
| | J | sfer of care | appropriate referrals | residents. | |
| | ų. | for patients | | Collaborates and | |
| | surgical problems or | | | provides consultation to | |
| | other subspeciality | | | other members of the | |
| | related complications | | | health care team | |
| | | | | | |
| | | | | | |
| | | | | | |

| Internalises the | professional | responsibility of | seamless transfer of | acutely ill child | | | | | | | | | | | | |
|--|--|--|--|----------------------|-----------------------|--|------------------------|--------------------------|---------------------------|------------------|-------------------|-------------------------|-------------------------|-----------------|----------------|----------|
| Delivers appropriate | handover to receiving | ward/institution | efficiently Takes into | account the | perspectives of the | parents/caregiver to | ensure that an uniform | appropriate and holistic | treatment plan is carried | out Ensures open | communication, as | receiver as well as the | provider-of-information | Avoids error of | commission and | omission |
| | ISBAR tool, customized handover to receiving | at unable to customize to the context ofpatient's ward/institution | current health status, care efficiently Takes into | priorities an action | planning including | preparedness for | emergencies. | | | | | | | | | |
| Use written ISBAR tool | | But unable to customize | it based on patient's | characteristics | Fails to consider the | needs for the receiver of preparedness for | Information | | | | | | | | | |
| Provide appropriate Makes frequent errors of Use written ISBAR tool Adapts and applies | transfer of patients omission or commission for transfer of care | in transfer of patients | • | | | _ | | | | | | | | | | |
| Provide appropriate | transfer of patients | •= | | | | | | | | | | | | | | |
| PC 7 | | | | | | | | | | | | | | | | |

| Level 5 | Delivers bad news to families about Capable of communication in the most challenging most challenging of informing patients and situations, and invites families about a medical participation from all error that caused harm or stakeholders Leads multidisciplinary family/patient/team member conferences. Incorporates risk management in this process Participates in families Role models for education of patients and effective communication to junior colleagues |
|---|---|
| Level 4 | |
| Level 3 | Communicates effectively in stressful, emergent, and complex Capable of delivering bad news to patients and families regarding poor prognoses situations Communicates with patients and families across a broad range of socio- economic and cultural backgrounds |
| Level 2 | Enquire for patient and family understanding of effectively in stressfu illness and Allows opportunities for patient Capable of delivering questions, Maintain bad news to patients a families regarding popatient and family prognoses situations regarding plan of care for Communicates with hospitalized patients management plan across a broad range socio-economic and cultural backgrounds |
| | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common vaccines Understand s the importance of informed consent |
| | Communicate effectively with patients, families, and the public, as appropriate |
| Interpers onal Communi cation Skills (ICS) | ICS 1 |

| ICS 2 | Communicate | Understands the | Demonstrates an | Works effectively in | Leads inter- professional Educates other health | Educates other health |
|-------|---------------------|--|--|---|---|---------------------------|
| | effectively with | importance of | understanding of the | interprofessional and | and interdisciplinary | care professionals |
| | colleagues within | relationship | roles of health care team interdisciplinary health | | health care teams to | regarding team building |
| | specialty, other | development, | members, and | care teams Participates | achieve optimal | Provides effective |
| | health | information gathering | communicates effectively | communicates effectivelyin effective transitions of outcomes. | Lead | consultation in complex |
| | professionals, and | and sharing, and | within the team | care and team debriefing the team in complex | | and atypical patients |
| | health- related | teamwork | Demonstrates an | Communicates | situation Leads effective Provide appropriate role | Provide appropriate role |
| | agencies leading to | | understanding of | effectively with | transitions of care and | modelling Applies |
| | team work | | transitions of care and | physicians and other | team debriefing | innovative approaches |
| | | | team debriefing | health care professionals | health care professionals Responds to requests for leading the team | for leading the team |
| | | | | regarding patient care | consultation in a timely | |
| | | | | | manner and | |
| | | | | | communicates | |
| | | | | | recommendations to the | |
| | | | | | requesting team | |
| ICS 3 | Informed consent | Understands the | Begins to engage patients Uses appropriate and | | Participates in | Models and coaches |
| | and shared decision | and shared decision importance of informed | in shared decision | easy-to- understand | multidisciplinary | shared decision making |
| | making. | consent | making, and obtains | language in all phases of family/patient/team | family/patient/team | in complex and highly |
| | | | informed consent for | communication, utilizing member conferences for | | stressful situations |
| | | | basic procedures | an interpreter where | informed consent and | Organizes and Leads |
| | | | | necessary | shared decision making. | multidisciplinary |
| | | | | Engages in shared | | family/patient/team |
| | | | | decision making, | | member conferences for |
| | | | | incorporating patients' | | informed consent and |
| | | | | and families' cultural | | shared decision making. |
| | | | | frameworks Obtains | | |
| | | | | informed consent for | | |
| | | | | complex | | |
| | | | | procedures | | |

| Cyctom | Demonstrate the | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|----------|-----------------------|--|--|---------------------------|---|-------------------------|
| Based | ability to follow the | | | | | |
| Practice | standard operating | | | | | |
| (SBP) | procedures relevant | | | | | |
| | to practices of the | | | | | |
| | organisations for | | | | | |
| | patient care | | | | | |
| SBP1 | Patient Safety and | Recognizes | Demonstrates | Participates in patient | Reports errors and near- Contributes to peer- | Contributes to peer- |
| | Systems Approach | Systems Approach limitations and failures ofknowledge of | | safety reporting and | misses to the institutional reviewed medical | eviewed medical |
| | to Medical Errors: | a team approach (e.g., | institutional surveillance analyzing systems | analyzing systems | surveillance system and literature | iterature |
| | Participate in | hand- offs, | systems to monitor for | Participates in team | superiors Recognizes C | Organizes and leads |
| | identifying system | | patient safety (e.g., | drills | when root cause analysis institutional QI/patient | nstitutional QI/patient |
| | errors and | nealth care as the leading | surgical site infection, | Demonstrates | is necessary, and is | safety projects |
| | implementing | cause of preventable | medical error reporting) | knowledge of national | capable of participating | |
| | potential systems | | Participates in "time- | patient safety standards, | in root cause analysis | |
| | solutions | | out" | as well as their | Participates in quality | |
| | | | Utilizes check lists to | use/application in the | improvement (QI)/patient | |
| | | | promote patient safety | institution | safety projects | |
| | | | (e.g., medication | | | |
| | | | reconciliation) | | | |
| | | | Demonstrates | | | |
| | | | knowledge of the | | | |
| | | | epidemiology of medical | | | |
| | | | errors and the differences | | | |
| | | | between near misses, | | | |
| | | | medical errors, and | | | |
| | | | sentinel events | | | |

| SBP2 | Cost-effective Care Understands the | Understands the | Aware of common | Demonstrates the | Practices cost-effective Participates in advocacy | Participates in advocacy |
|------|-------------------------------------|--|---|----------------------------|--|----------------------------|
| | and Patient | importance of providing socioeconomic barriers | | incorporation of cost | care (e.g., formulary | or health care legislation |
| | Advocacy | cost- effective care | that impact patient care | awareness into clinical | drugs, generic drugs, | locally, regionally, or |
| | | Understands the role of Demonstrates an | | judgment and decision | tailoring of diagnostic | nationally |
| | | physicians in advocating | physicians in advocating awareness of the need for making Coordinates | | tests) Analyzes patient | Communicates |
| | | for appropriate child | coordination of patient | and advocates for | care options from a | effectively within health |
| | | health | care and patient | needed resources to | quality of life | care systems to advocate |
| | | | advocacy | facilitate patient care | (QOL)/cost-of-care | for the needs of patient |
| | | | | (e.g., effective discharge | (e.g., effective discharge perspective, and includes populations | populations |
| | | | | planning) | in patient | Demonstrates an |
| | | | | | counselling Commu | understanding of the |
| | | | | | nicates effectively withinpolitical economics of | political economics of |
| | | | | | his or her own | health care legislation |
| | | | | | hospital/clinic to | locally, regionally, and |
| | | | | | advocate for patient | nationally |
| | | | | | needs | |

| Level 5 | Designs a hypothesis- | driven or hypothesis- | generating study | Contributes to peer- | reviewed medical | literature | | | | | | |
|---|---|--|--|---------------------------------|----------------------|-------------------------|------------------------|---------------------------|---------------------------|------------------------|--|---------------------------|
| Level 4 | Tailors evidence- based Designs a hypothesis- | practice based on the | values and preferences of generating study | each patient. | Reads and assesses | strength of evidence in | current literature and | applies it to one's own | practice | Analyzes ms or ner own | hisses, design, and particular as compared to hisses | |
| Level 3 | Applies patient- | appropriate evidence- | based information from | review articles or | guidelines on common | topics in practice | Critically reviews and | interprets the literature | _ | | | |
| Level 2 | Identifies resources (e.g., Applies patient- | texts, search engines) to | answer questions while | providing patient care | Recognizes limits of | knowledge, expertise, | and technical skills | Describes commonly | used study designs (e.g., | randomized controlled | trial [RCT], cohort; case- | control, cross-sectional) |
| Level 1 | Demonstrates an | Learning/Critic al understanding of critical texts, search engines) to appropriate evidence- | appraisal of the literature answer questions while | Demonstrates | responsiveness to | constructive feedback | | | | | | |
| Practice-based commitment to Learning learn by practice and improve upon Improve their ability. | Self-directed | Learning/Critic al | Appraisal of | Medical Literature Demonstrates | | | | | | | | |
| Practice-based Learning and Improve (I) | PBLI 1 | | | | | | | | | | | |

| PBLI 2 | Systematically | Shows commitment to | Demonstrates | References and utilizes Participates in | Participates in | Analyzes department or |
|--------|-------------------|----------------------------|----------------------------|---|-------------------------|----------------------------|
| | analyze practice | self- evaluation, lifelong | understanding of the | national standards or | departmental or | institutional outcomes |
| | using quality | learning, and patient | basic concepts of QI | guidelines in patient care institutional Q | institutional Q | Contributes to peer- |
| | improvement | safety | Reads appropriate | plans. | process/committees | reviewed medical |
| | methods and | | information, as assigned | information, as assigned Identifies quality of care Implements changes | Implements changes | literature |
| | implement changes | | by the program or related | by the program or related issues within one's own with a goal of practice | with a goal of practice | Organizes and leads |
| | with the goal of | | to patient-specific topics | patient-specific topics practice with a systems- improvement | improvement | effective institutional |
| | practice | | Understands level | based approach | Monitors one's own | QI/patient safety projects |
| | improvement | | of evidence for | | outcomes to improve | |
| | | | patient care | | practice | |
| | | | recommendations | | | |
| | | | | | | |
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| Level 5 | Assumes long-term or | leadership role in | community outreach | activities to improve the | health of vulnerable | populations | | | | | | | | | | | | | |
|---|----------------------|---------------------------|--------------------------|---------------------------|--|--|--------------------------|---|------------------------|------------------------|---------------------------|--------------------------|---------------------|----------------------|----------------------------|-------------------|--|------------------------|------------|
| Level 4 | Consistently models | compassion, integrity, | and respect for others | Coaches others to | improve compassion, | integrity, and respect for populations | patients | | | | | | | | | | | | |
| Level 3 | Consistently shows | compassion, integrity, | and respect for patients | who decline medical | advice or request un- | indicated tests or | treatments, for patients | who have psychiatric | comorbidities, and for | team members in | circumstances of conflict | or high stress Modifies | one's own behavior | based on feedback to | improve his or her ability | to demonstrate | compassion, integrity, | and respect | for others |
| Level 2 | Consistently shows | compassion, integrity, | and respect in typical | situations with patients, | peers, and members of | the health care team | Consistently | demonstrates sensitivity who have psychiatric | and responsiveness to | diversity of patients' | ages, cultures, races, | religions, abilities, or | sexual orientations | Accepts constructive | feedback to improve his | or her ability to | demonstrate compassion, compassion, integrity, | integrity, and respect | for others |
| Level 1 | Understands the | importance of | compassion, integrity, | and respect for others | Demonstrates sensitivity peers, and members of | and responsiveness to | patients | | | | | | | | | | | | |
| Commitment to carrying out professional responsibilities and an adherence to ethical principles | Compassion, | Integrity, and | Respect for Others | | , _1 | | | | | | | | | | | | | | |
| Profession alism(P) | P 1 | | | | | | | | | | | | | | | | | | |

| P2 | Accountability and Understands that | Understands that | Consistently punctual | onsistently punctual Serves as an example for Coaches others to | | Participates in |
|----|-------------------------------------|---|---|---|--|------------------------|
| | Responsiveness to physicians are | physicians are | for clinical assignments others in punctuality, | | improve punctuality and institutional or | institutional or |
| | the Needs of | accountable to patients, | and responsive to | responsiveness, and | responsiveness; offers | community peer |
| | Patients, Society, society, and the | society, and the | requests for assistance; timely completion of | | assistance to ensure | counselling related to |
| | and the Profession | and the Profession profession Acts with | completes administrative duties | | patient care duties are | professionalism |
| | | honesty and truthfulness | honesty and truthfulness duties (e.g., medical Recognizes signs and | | completed in a timely | |
| | | | records, reports) on time symptoms of fatigue, | | fashion | |
| | | | and without reminders stress, and substance | stress, and substance | Demonstrates self- | |
| | | | Understands the signs abuse | | awareness of fatigue and | |
| | | | and symptoms of fatigue, | | stress, and mitigates the | |
| | | | stress, and substance | | effects | |
| | | | abuse | | | |

6. Syllabus

6.1 Course 1 Applied basic medical sciences related to pediatrics

1. Basic Sciences

- Normal embryology, functions and various diseases affecting the various organs and systems in foetus, neonate and child.
- Applied anatomy and functions of different organ systems
- Hematopoiesis, hemostasis, bilirubin metabolism.
- Physiology of micturition and defecation
- Fetal and neonatal circulation
- Regulation of temperature, blood pressure
- Fluid, Electrolyte and Acid-Base Balance: Understanding the normal physiology, identification and management of fluid, electrolyte and acid-base disturbances in various childhood illness.
- Lactation.
- Normal biochemical pathways.
- Inborn Errors of Metabolism (IEM): Understanding the normal metabolic pathways, recognise and formulate a work up plan for suspected metabolic disorders, management of common presentations like hyperammonemia, metabolic acidosis, hypoglycaemia etc., devise a care plan and follow up strategy for a child with treatable IEM, palliative care for children who are terminally ill, empathetic counselling for the parents.
- Nutrition: requirements and sources of various nutrients
- Vitamins and their functions
- Pediatric Pharmacology: Principles of essential and rational drug therapy,
 pharmacokinetics, pharmacogenomics and adverse drug reactions.
- Common infections and their laboratory diagnosis. Immunological tests related to Pediatrics.
- Hematology, basic immunology.

2. Medical Genetics

- Basic medical genetics including cytogenetics.
- Pattern of inheritance Chromosomal abnormalities types, incidence, diagnosis, management and recurrence risk.

- General principles of Teratology.
- Screening, counselling and prevention of developmental abnormalities.
- Birth defects genetics, teratology and counselling.
- **3. Basic Course in Biomedical Research**, Data collection and analysis, scientific communication: Formulation of a research hypothesis, designing a study, estimation of sample size, understanding discrete and continuous variables, choosing the appropriate statistical test, writing a research paper, read and critically analyse research articles.

6.2 Course 2: Newborn and Community Pediatrics:

- 1. Perinatology and Neonatology: Counselling of a high risk pregnancy during perinatal period, care of a neonate at birth, neonatal resuscitation, lactational counselling, work up and management of various neonatal conditions such as hypoxic ischemic encephalopathy, seizures, jaundice, infections, metabolic problems including inborn errors of metabolism, hypothermia, apnea of prematurity, necrotising enterocolitis, bleeding disorders, anemia, infant of diabetic mothers, congenital malformations, congenital heart disease, gastrointestinal problems, renal problems and endocrine problems, follow up of a high risk neonate- conveying a care plan at discharge and monitoring the development.
- 2. Nutrition: Infant and young child feeding, identification and management of various nutritional disorders such as protein energy malnutrition including sever acute malnutrition, failure to thrive, vitamin, mineral and other micronutrient deficiencies, obesity, nutritional management in special situations- critically ill children, children with neurological/ cardiac/ renal disorders, malabsorption states, inborn errors of metabolism, systemic illnesses including partial and total parenteral nutrition. Promotion of various National Nutrition programs of India.
- 3. Growth and development: Principles and factors governing growth and development including assessment from conception to adolescence- normal physiology, deviations and disturbances such as microcephaly, macrocephaly, short stature, tall stature, under nutrition, obesity, normal pubertal development, adolescent problems, precocious puberty, delayed puberty, developmental delay. Growth and development at different ages and growth charts.
- **4. Behavioural and psychological disorders**: Eating disorders like rumination, pica, bulimia, etc., enuresis, encopresis, functional constipation, sleep disorders, habit

disorders, tic disorders, breath holding spells, anxiety disorders, mood disorders, temper tantrums, play therapy, behavioural therapy, specific learning disorders, IQ assessment, school refusal, attention deficit hyperactivity disorder, autism spectrum disorders, adolescent disorders and delinquency, counselling the parents and the child when appropriate.

- 5. Rehabilitative medicine: Sensitised to the various rehabilitation measures available for children with need, physiotherapy techniques for children with weakness and spasticity, occupational therapy, special education for children with intellectual disability and learning disability, speech therapy, necessary advocacy for schooling of children with special needs.
- 6. Preventive Pediatrics: Childhood and adolescent immunizations, prevention of communicable diseases, screening and counselling for various environmental problems such as endemic goitre, fluorosis, etc., genetic counselling for families with need.Life style modification to prevent non-communicable diseases in children. Prevention of non-communicable diseases in children. Effect of television, mobile phones, computers and internet in the growth and development of children. Psychological effects of screen viewing and its effect on physical status. Importance of exercise, play and extracurricular activities in school children.
- 7. Social Pediatrics: Primary Health Care and other levels of health care, National programs pertaining to Maternal and child health: Sensitive to the needs at a national level with regard to child health, knowledge of all the national programs pertaining to child health (including IMNCI, INAP, IYCF, INAP, RBSK, RCH). Child abuse and neglect, child labour, adoption, disability and rehabilitation, rights of the child and school health programs.
- **8. Infections:** Understanding the clinical presentations, investigations and management of various childhood infections (Bacterial, Viral, Fungal, Protozoal, Rickettsial) and parasitic infestations, approach to fever of unknown origin in young children, sensitive to the problem of Healthcare associated infections, aware of preventive measures and treatment, rational antimicrobial use in accordance to the institute policies, aware of protocol for notifiable diseases, knows about measures to be taken during an outbreak. Prevention and management of newer viral infections, pandemic infection like SARS, MEDS, COVID 19 etc.
- **9.** Immunisation: Vaccines: constituents, efficacy, storage, contraindications and adverse

reactions. Rationale and methodology of pulse polio immunization. Principles of prevention, control of infections (food, water, soil, vector borne). Investigation of an epidemic.

6.3 Course **3**: General Pediatrics and Pediatric subspecialty

- 1. Cardiovascular System: Understanding the normal embryology, functions and various diseases affecting the cardiovascular system such as- congenital and acquired heart diseases such as shunt lesions, obstructive lesions, cyanotic heart diseases, rheumatic heart diseases, cardiomyopathies, myocarditis, congestive cardiac failure or shock due to any aetiology, pericardial diseases, hypertension, rate and rhythm disturbances, infective endocarditis.
- 2. Respiratory System: Understanding the normal embryology, functions and various diseases affecting the upper and lower respiratory tract such as congenital anomalies of respiratory tract, approach to cough, noisy breathing, wheezy child, respiratory distress, haemoptysis, infections of upper and lower respiratory tract- adenotonsillitis, acute laryngo-tracheo bronchitis, bronchiolitis, pneumonia etc., aspiration syndromes, obstructive sleep apnoea, care plan and management of a child with bronchial asthma, acute respiratory distress syndrome, bronchiectasis, pleural effusion, pulmonary air leaks and mediastinal mass.
- 3. **GIT, Liver and Pancreas:** Understanding the normal embryology, functions and various diseases affecting these organs such as acute, persistent and chronic diarrhoea, abdominal pain, vomiting, constipation, gastrointestinal bleeding, ingested foreign body, alabsorption syndromes, irritable bowel syndrome, ulcerative colitis, liver disorders: viral hepatitis, cholestatic jaundice, hepatic failure, chronic liver disease, metabolic diseases of liver, cirrhosis due to various causes, Wilson's disease, portal hypertension, acute pancreatitis, surgically remediable problems like congenital pyloric stenosis, Hirschsprung's disease, anorectal mal-formations, intestinal obstruction etc.
- 4. **Neuromuscular System:** Understanding the normal embryology, functions and various diseases affecting the central and peripheral nervous systems like headache, seizures including febrile seizures, weakness due to congenital and acquired disorders, abnormal gait, cerebral palsy and other neuromotor problems, infections such as meningitis, encephalitis, brain abscess, neurocysticercosis and other neuro-infestations, HIV encephalopathy, SSPE and other progressive encephalopathies, approach and management of a child with coma, autoimmune disorders such as autoimmune

- encephalitis, neuromyelitis optica, multiple sclerosis, acute disseminated encephalomyelitis, transverse myelopathy etc, neurodegenerative disorders, evaluation of a child with intellectual disability, movement disorders of childhood, tumors of the brain, sub-arachnoid hemorrhage and brain and spine malformations.
- 5. **Hemato-oncology System:** Understanding the normal embryology, functions and various diseases affecting various blood cellular elements such as anemia of various etiologies, bleeding and coagulation disorders, thrombocytopenia, lymphadenopathy, malignancies of hemato-lymphoid system like acute leukemias, Hodgkin disease, non-Hodgkin's lymphoma and neuroblastoma, pancytopenia, blood component therapy, transfusion related infections, bone marrow transplantation, hyper-coagulable states.
- 6. Genito-Urinary System: Understanding the normal embryology, functions and various diseases of kidneys, bladder and reproductive system such as renal failure (acute and chronic), hematuria, infections of the urinary tract, acute and chronic glomerulonephritis, nephrotic syndrome, hemolytic uremic syndrome, renal involvement in systemic diseases, renal tubular disorders, congenital and hereditary renal disorders like posterior urethral valves, multicystic kidney disease, hydronephrosis, vesico ureteric reflux and renal scarring, renal and bladder stones, inguino-scrotal swellings, undescended testis, voiding dysfunctions, Wilms tumor.
- 7. **Endocrine Systems:** Understanding the normal embryology, functions and various diseases affecting the various endocrine organs like Pituitary, Thyroid, Parathyroid, Adrenals, Gonads and Pancreas such as hypopituitarism, growth hormone deficiency and treatment, Laron dwarfism, diabetes insipidus, water deprivation test, pubertal disorders, hypothyroidism, hyperthyroidism, hypoparathyroidism, hyperparathyroidism, approach to renal rickets, Barter syndrome, adrenal insufficiency, Cushing's syndrome, diabetes mellitus, hypoglycaemia and disorders of sexual differentiation.
- 8. **Immuno-rheumatological System:** Understand the components and functions of immune system and its disorders such as various congenital and acquired immunodeficiency states, disorders of immune dysregulation such as autoimmune disease (Systemic lupus erythematosus, dermatomyositis etc), anaphylaxis, atopic disorders, allergic disorders including food allergies, rheumatological disorders such as juvenile idiopathic arthritis, vasculitides including Kawasaki disease.
- 9. **Skeletal system:** Understand the normal formation and maturation pattern of various bones, estimation of bone age, identification and management of various disorders affecting bones and joints such as fractures, congenital disorders, deformities, infections

(pyogenic and tubercular), tumours etc

10. Skin/Eye/ENT/Orthopedics

- Skin: Common childhood skin diseases like infections of various etiologies, pigmentary lesions, drug rashes, urticaria and other allergic rashes, vascular lesions, vesicobullous disorders, eczema, alopecia, icthyosis, systemic disorders manifesting with skin findings.
- ENT: Pain/discharge from ear, otitis externa, acute and chronic otitis media, hearing loss- evaluation and various tests available, epistaxis, allergic rhinitis, sinusitis, acute/chronic adenotonsillitis and foreign body aspiration.
- Eye: Red eye evaluation including conjunctivitis, disorders of sclera etc, eye discharge, corneal ulcer, Vitamin A deficiency, squint, cataract, refraction problems, chorioretinitis, retinopathy of pre-maturity, retinoblastoma, optic atrophy, papilledema and approach to blindness- partial/total loss of vision, rehabilitation of a child with visual impairment.
- Orthopedics: Major congenital orthopedic deformities, congenital dysplasia of hip, CTEV, adolescent hip problems, Bone and joint infections: pyogenic and tubercular infections. Common bone tumors, Skeletal dysplasia, Pulled elbow.

11. Surgical problems in children

6.4 Course 4: Emergency Pediatrics, Critical care and Recent Advances

- 1. Accidents, poisonings, insect, reptile and animal bites, environmental medicine: Identification of child with suspected poisoning or toxic bites, management of common childhood poisonings and common envenomations including snake bite, scorpion sting, wasp sting etc., and anticipatory guidance for parents.
- 2. Emergency and Critical care: Ability to provide adequate cardio- pulmonary resuscitation, early recognition and management of various emergencies in children such as shock, cardio-respiratory arrest, respiratory failure, polytrauma, congestive cardiac failure, acute renal failure, status epilepticus, coma, fluid and electrolyte disturbances, acid-base disturbances, poisoning, accidents, bites, diabetic keto acidosis, endocrine emergencies, status asthmaticus and foreign body aspirations, understands the principles of invasive and non-invasive ventilation and able to administer the same.
- 3. **Recent advances in pediatrics** newer diseases and newer investigations. Newer drugs, therapeutic advances like transplantation. Recent advances in neonatology.
- 4. **National protocols** in the management of pediatric diseases so that there is uniformity in the management across the country.

Clinical Skills

History and examination: Able to elicit a good history, able to perform a meticulous physical examination tailored to the age and condition of the child including fundus examination, assesses the growth and development of the child, arrives at a reasonable differential diagnosis giving apt justification, plans for appropriate investigations and management.

Bedside procedures: Adept at performing and interpretation of all bedside procedures such venepuncture, securing intravenous access, intraosseous access, central venous access, arterial blood sampling, nasogastric feeding, endotracheal intubation, administration of oxygen by various modalities such as cannula/ mask/ CPAP/ Bubble CPAP, ascitic tap, pleural tap (including cytology analysis and AFB staining), suprapubic aspiration, lumbar puncture, urinary catheterization, bone marrow aspiration and biopsy, guided renal biopsy, liver biopsy (on manikin and on patients), administration of fluids/ blood components, setting up and weaning from assisted mechanical ventilation, exchange transfusion, peritoneal dialysis, hemodialysis (observe), interventional cardiac procedures (observe), plasmapheresis, parenteral nutrition, intrathecal administration of drugs, common dressings, abscess drainage, intercostal drainage, analgesia and sedation for common procedures and basic principles of stabilization including neonatal resuscitation, cardio-pulmonary resuscitation administering defibrillation/ cardioversion, monitoring of sick children including interpretation of vitalsand GCS. Use of assessment scores (eg. Downe's score, APGAR score etc), should be able to prepare diet chart for normal and undernourished children, should have completed Basic Life support (BLS), Basic and Advanced NRP course and PALS course.

Bedside investigation: Adept at performing and interpretation of basic investigations such as estimation of Haemoglobin, PCV, peripheral smear examination, urine albumin and sugar, urine microscopic examination, stool microscopy including hanging drop preparation, microscopic examination of CSF and other body fluids, Gram stain, ZN stain, shake test on gastric aspirate, Apt test, water deprivation test.

Interpretation of all radiological investigations like X-rays, CT, MRI, USG, radioisotope studies, interprets common EEG, ECG and spirometry.

7. Teaching and Learning Methods

General principles

Acquisition of practical competencies being the keystone of PG medical education, PG training should be skills oriented. Learning in PG program should be essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

Postgraduate Training

Teaching methodology should be imparted to the students through:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinico-pathological, Radio-diagnosis, Obstetrics and Gynaecology), maternal morbidity/mortality meetings and journal club. Records of these are to be maintained by the department.
- By encouraging and allowing the students to attend and actively participate in CMEs, Conferences by presenting papers.
- Maintenance of log book: **E-portfolio:- It is an electronic portfolio to be maintained by** the resident to record their activities under the section:
- EPA,
- Daily log
- Patient care
- Procedure
- Dissertation
- Academic activities(Seminar, symposium, case presentation, journal club)
- Student Enrichment Programs SEP (Conference, CME, Workshop),
- Teaching Assignments,
- Awards and achievements
- Outreach activities.
- E-portfolio shall be checked and assessed periodically by the faculty members. This will
 enable to monitor progress of the resident, his level of attainment of milestone and impart
 the training accordingly
 - Writing thesis following appropriate research methodology, ethical clearance and good clinical practice guidelines.
 - The postgraduate students shall be required to participate in a supervised setting in the teaching and training programme of undergraduate students and interns through micro-teaching and clinical class.

- A postgraduate student of a postgraduate degree course in broad specialities/super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- Department should encourage e-learning activities.

DISSERTATION

A candidate registered for MD Pediatrics has to submit a dissertation. This will be a pre-requisite for appearing for the MD examination. The dissertation will be done under the guidance and full satisfaction of the post-graduate teacher/guide.

Objectives

By carrying out a research project and presenting his/her work in the form of thesis, the student will be able to:

- (i) identify a relevant research question;
- (ii) conduct a critical review of literature;
- (iii) formulate a hypothesis;
- (iv) determine the most suitable study design;
- (v) state the objectives of the study;
- (vi) prepare a study protocol;
- (vii) analyse and interpret research data, and draw conclusion;
- (viii) write a research paper.

Guidelines

While selecting thesis topics, following should be kept in mind:

- (i) the scope of study should be limited so that it is possible to conduct it within the resources and time available to the student;
- (ii) the emphasis should be on the process of search of research rather than the results;
- (iii) the protocol, interim progress as well as final presentation must be made formally to the entire department;

- (iv) only two students per teacher/ thesis guide (for Professor) and one student per teacher/ thesis guide (for Associate Professor), in addition to one co-guide for each student
- (v) periodic department review of the thesis work as per following schedule:

| End of 4 months | - Submission of protocol |
|-------------------------------|-------------------------------------|
| End of 18 months | - Midterm thesis progress report |
| 6 months prior to examination | - Final presentation and submission |

Formal Teaching Sessions

In addition to bedside teaching rounds, at least 5 hours of formal teaching per week are a must. The departments may select a mix of the following sessions:

| Journal club/ Medical and perinatal audit | Once a week Seminar/lecture | Once | a |
|---|-----------------------------|-----------|-------|
| | week | | |
| Case discussion | Twice a week | | |
| Interdepartmental case/ seminar | Once in 2 weeks [Cardiolo, | gy, Pedia | atric |
| | surgery etc.] | | |

Additional sessions on basic sciences, biostatistics, research methodology, teaching methodology, health economics, medical ethics and legal issues related to pediatric practice would be conducted.

ROTATIONS

- 1. Peripheral rotations outside the parent department during the three years of PG degree course should not be less than three months in allied specialities. During the period of peripheral rotation the student should remain attached to the department to which they are posted for rotation at all times and participate in all the department's activities including OPD, IP care, teaching activities without constantly going back to their parent departments for teaching programmes etc.
- 2. In case rotation is required outside the Institute if the concerned departments are not available here, the departments should prepare a list of their requirements so that arrangements may be made with other institutions for this purpose well in advance.
- 3. A one week program will be arranged for the newly admitted first year PGs in research methodology, basics of bio-statistics, how to select a topic for dissertation, planning the study, literature search etc. This will be arranged at the institutional level by the Medical Education unit.
- 4. Workshops on ethical issues, medico legal aspects etc. required by the MCI will be arranged by the Medical Education unit.

The postgraduate student should rotate through all the clinical units in the department. In addition, following special rotations should be undertaken:

- a. Neonatology (including NICU and Perinatology)- 6 months [maximum 8 months]
- b. Pediatric Intensive Care/ Emergency- 6 months [maximum 8 months]
- c. Ward and OPD: 22months; OPD rotation when posted in units: Pediatric surgery: 2 weeks, Skin: 2 weeks, Child guidance/ Psychiatry: 2 weeks, Radiology: 2 weeks
- d. Allied specialty rotation: 2 months (Cardiology: 2 weeks, Nephrology: 2 weeks, Neurology: 2 weeks, Hemato-oncology: 2 weeks)

Practical and Clinical Training

• Emphasis should be on self-directed learning, group discussions and case presentations. Student should be trained about proper History taking, Clinical examination, advising / ordering relevant investigations, their interpretation and instituting medical / surgical management by posting students in OPD, specialty clinics, wards, NICU, Postnatal wards, operation theatres, Labour room and other departments like pediatric surgery, dermatology, emergency medicine, child psychiatry, radiology, neurology, nephrology, cardiology. Students should be proficient in BLS, NRP and PALS.

Rotations:

• Details of 3 years posting in the PG programme (6 terms of 6 months each)

| | 1 | | 3 rd Mon | • | | U | , | O | | 10 th Mon | | |
|----------------------|-----|---|------------------------|---|---|---|---|---|-----|-------------------------|---|---|
| 1 st yea | r W | W | W | W | N | N | P | E | W | W | W | W |
| 2 nd yea | r W | N | N | P | P | W | W | W | AP* | AP* | W | W |
| 3 rd year | N | N | P | P | W | W | W | W | W | W | W | W |

W – OPD&Ward, N – Newborn, P – PICU AP-Allied post, E - Emergency medicine

^{*}Allied posts should be done during the course – for 8 weeks

8. Assessment

8.1 Formative assessment:

Formative assessment is continualand assesses medical knowledge, patient care, procedural & academic skills, interpersonal communicationskills, system based practice, and self-directed learning and professionalism of the activities mentioned every 3/6monthly. EPAs are listed as below(**Table 3**) with description of each EPA (**Table 4**). Progress of the students is recorded after discussion with the student in Entrustable Professional Activity (EPA) assessment form **Annexure-1**. These EPAs are also mapped with PO and CO. (**Table 5**)

List the of Entrustable Professional Activity

Table 3. List the of Entrustable Professional Activity

| EPA | General | | |
|-----|--|--|--|
| No. | General | | |
| 1 | Gathering a history and performing physical examination | | |
| 2 | Prioritizing a differential diagnosis following a clinical encounter | | |
| 3 | Recommending and interpreting common screening and diagnostic tests and data | | |
| 4 | Entering and discussing orders and prescriptions and giving the necessary instructions to the patients | | |
| 5 | Documenting a clinical encounter in patient records | | |
| 6 | Provide an oral presentation of a clinical encounter | | |
| 7 | Recognize a patient requiring urgent or emergency care and initiate evaluation and management | | |
| 8 | Give or receive a patient handover to transition care responsibility | | |
| 9 | Obtain informed consent for tests and/or procedures | | |
| 10 | Collaborate as a member of an interprofessional team | | |
| 11 | Form clinical questions and retrieve evidence to advance patient care | | |
| 12 | Breaking the bad news | | |
| 13 | Clinical demonstration classes for undergraduates | | |
| | Pediatrics | | |
| 14 | Performing general medical procedures | | |
| 15 | Performing minor surgical procedures | | |
| 16 | Identifying organ dysfunction and taking remedial measures | | |
| 17 | Assessing the Growth and nutritional status of children | | |
| 18 | Assessing the Development status of children | | |

| 19 | Advising parents regarding growth and development of a child |
|----|--|
| 20 | Attending delivery of a newborn, and breast feeding counselling |
| 21 | Resuscitation of a sick newborn |
| 22 | Assessment and management plan of common neonatal problems |
| 23 | Counselling the mother of a neonate getting discharged |
| 24 | Counselling the parents of a sick child |
| 25 | Assessing the need for oxygen and choosing the suitable mode of delivery |
| 26 | Knowledge about mechanical ventilation (setting, choosing appropriate mode, and weaning) |
| 27 | Performing CPR in a child |
| 28 | Practice of universal precautions |
| 29 | Prevention of Hospital acquired infections (Hand hygiene, etc) |
| | Research Methodology |
| 30 | Should be able to write a scientific protocol for clinical research |
| 31 | Reporting and communication of scientific research |

Table 4. EPAs, Competency levels and entrustability

| EPA 1: Gathering a history and performing physical examination | | | | |
|---|--|--|--|--|
| brief rationale and a list of | Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. | | | |
| Most relevant domains of competence: | MK, PC, ICS, P | | | |
| Competencies within | MK1.3 MK 3.3 PC1.2 ICS1.4 P1.3 | | | |
| Methods of assessment | Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | | | |

| Compet ency | Pre-Entrustable | Entrustable |
|-------------|---|---|
| | Lack of Knowledge of structure and | Demonstrates a Knowledge of structure |
| | function of fetal, neonatal, | and function of fetal, neonatal, |
| | pediatric anatomy, physiology and | pediatric anatomy, physiology and basic |
| | basic biochemical pathways related to | biochemical pathways related to health |
| | health and disease. Does not | and disease. Demonstrates normal |
| | Demonstrate normal patterns of | patterns of growth and development in |
| | growth and development in children. | children. Demonstrate normal and |
| | Does not demonstrate normal and | abnormal nutritional states in children |
| | abnormal nutritional states in children | Explains abnormalities associated with |
| | Fails to Explain abnormalities | congenital malformations, inherited |
| | associated with congenital | disorders and inborn errors of |
| | malformations, inherited disorders and | metabolism. |
| | inborn errors of metabolism. | Explains pathophysiology of infections |
| | Fails to Explain pathophysiology of | and non -infectious inflammation in |
| | infections and non - infectious | health and disease. |
| | inflammation in health and disease | Explains abnormal and normal |
| | Fails to Explain abnormal and normal | symptomatology related to disease |
| | symptomatology related to disease | manifestations. |
| | manifestations | Explains pathophysiology of acute |
| | Fails to Explain pathophysiology of | clinical conditions and metabolic |

acute clinical conditions and metabolic derangements in health and disease. **Fails to Correlate** the symptoms and signs with the underlying pathology. **Fails to Demonstrate** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Fails to Demonstrate knowledge about comorbidities relevant neonatal and pediatric conditions the management of medical comorbidities relevant neonatal and pediatric conditions

derangements in health and disease. **Correlates** the symptoms and signs with the underlying pathology **Demonstrates** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions **Demonstrates** knowledge about the management of medical

MK 3 Fail to recognise common psychosocial-cultural influences on woman's health, care-seeking, carecompliance, barriers and attitudes toward care. Unable to assess psychosocial-cultural influences on woman's health, care-seeking, carecompliance, barriers and attitudes toward care. Occasionally analyze psychosocial-cultural influences on woman's health, care-seeking, carecompliance, barriers and attitudes toward care.

Recognise common psychosocial-cultural influences on children's health, careseeking, care-compliance, barriers and attitudes toward care.

Analyse psychosocial-cultural influences

Unable toprepare a plan to improve woman's care-seeking and carecompliance attitudes toward health care.

on children's health, care- seeking, carecompliance, barriers and attitudes toward **Prepare** a plan to improve parents' care-

seeking and care-compliance attitudes toward health care

Fails to Demonstrate basic knowledge Demonstrates basic knowledge of PC 1 of normal and abnormal symptoms and normal and abnormal symptoms and signs of disease

signs of disease

Fails to Perform basic history taking and physical examination appropriate to physical examination appropriate to neonatal and pediatric conditions. Fails to Interpret test results and

Perform basic history taking and neonatal and pediatric conditions.

screens for neonatal and pediatric conditions

Interprets test results and screens for neonatal and pediatric conditions

understanding of the varying patterns of neonatal and pediatric conditions. neonatal and pediatric conditions. Effectively supervises and educates lower-level residents.

Demonstrates a comprehensive **Fails to Demonstrate** a comprehensive understanding of the varying patterns of Effectively supervises and educates lower-level residents.

Does not Apply innovative approaches to recognize atypical presentations neonatal and pediatric conditions.

Applies innovative approaches to recognize atypical presentations neonatal and pediatric conditions.

ICS 1 **Dose not show** adequate listening skills. **Communicates**

ineffectively in routine clinical situations.

Unable to verbalize basic knowledge about common test/procedure. Fail to understand the importance of informed consent. **Enquire for** patient and family understanding of illness but do not allow opportunities for patient questions. **Fail to** communication with patient and family regarding plan of care for hospitalized patient's management plan Communicates ineffectively in stressful, emergent, and complex. **Incapable** of delivering bad news to patients and families regarding poor prognoses situations. Unable to **communicate** with patients and families across a broad range of socioeconomic and cultural Backgrounds communication in the most challenging situations, and invites participation from all stakeholders.

P1 **Fail to understand** the importance of compassion, integrity, and respect for others. Fail to demonstrate sensitivity and responsiveness to patients. **Inconsistently shows** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team Inconsistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Occasionally **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Demonstrates adequate listening skills.

Communicates effectively in routine clinical situations.

Verbalizes basic knowledge about common contraceptive options **Understands** the importance of informed consent. **Enquire** for patient and family understanding of illness and **Allows** opportunities for patient questions. **Maintain** communication with patient and family regarding plan of care for hospitalized patients management plan Communicates effectively in stressful, emergent, and complex **Capable** of delivering bad news to patients and families regarding poor prognoses situations **Communicates** with patients and families across a broad range of socio- economic and cultural backgrounds communication in the most challenging situations, and invites participation from all stakeholders.

Consistently shows compassion, integrity, and respect for patients who decline medical advice or request unindicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others.

| EPA 2: Prioritizing a differential diagnosis following a clinical encounter | | | | |
|---|--|--|--|--|
| 1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA. 2. Most relevant domains of competence | Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis Residents should be able to synthesize data from multiple sources and utilize this data to develop a prioritized differential diagnosis. Then, as additional data becomes available—from other historical sources, examination changes, and studies—residents must continuously revise the differential diagnosis, avoiding common errors of clinical reasoning Importance: A well-reasoned differential diagnosis will incorporate the scientific foundations of medicine along with evidence of critical thinking to support and refute each possibility. | | | |
| 3. Competencies within each domain critical to entrustment decisions: | MK1.2, 2.2, 3.3 PC 1.2 ICS 1.3 | | | |
| | SBP 2.3 PBLI 1.3 P1.3 | | | |
| 4.Methods of assessment | Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient | | | |
| | Nurses | | | |
| | Health care workers | | | |
| | Peers | | | |
| | · | | | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| MK 1 | Lack knowledge of early embryology, Organogenesis, Genetic approach, neonatal physiology, child growth and development, nutritional needs, fluid electrolyte & acid base balance, adolescent physiology. Unable to explain the abnormalities associated with transition from fetal to neonatal life, early growth and development problems, nutritional deficiency | |
| PC 1 | deficiency | and development |
| PC I | Does not collect accurate historical data Demonstrates basic knowledge of normal and abnormal symptoms and signs of disease. | Consistently acquires accurate and relevant histories from patients Perform basic history taking and physical examination appropriate to |
| | Does not use physical exam to confirm history | neonatal and pediatric conditions. Seeks and obtains data from secondary sources when needed |
| | Relies exclusively on documentation of others to generate own database or differential diagnosis Fails to recognize patient's central clinical problems Fails to recognize potentially life-threatening problems | Consistently uses collected data to define a patient's central clinical problem(s) or develops limited differential diagnoses |
| ICS 1 | Lack adequate listening skills. Communicates in routine clinical situations ineffectively Fail to verbalizes basic knowledge about common neonatal and pediatric | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common |
| | conditions Do not Maintain communication with patient and family regarding plan of care for hospitalized patients management plan | neonatal and pediatric conditions Maintain communication with patient and family regarding plan of care for hospitalized patient's management plan. |
| SBP 2 | Understands the importance of providing cost-effective care Understands the role of physicians in advocating for appropriate child health | Demonstrates the incorporation of cost awareness into clinical judgment and decision making Coordinates and advocates for needed resources to facilitate patient care (e.g., effective discharge planning) |
| PBLI 1 | Fail to demonstrate an understanding of | |

critical appraisal of the literature. **Unable** critical appraisal of the literature to demonstrate responsiveness to constructive feedback. Fail to identify resources (e.g., texts, search engines) to answer questions while providing patient to answer questions while providing care. Fails to recognize limits of knowledge, expertise, and technical skills. Unable to describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional)

Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate

Fails to seek or apply evidence when necessary

Demonstrates responsiveness to constructive feedback **Identifies** resources (e.g., texts, search engines) patient care

Recognizes limits of knowledge, expertise, and technical

skills **Describes** commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional)

Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information

Routinely translates new medical information needs into well-formed clinical questions

Utilizes information technology with sophistication Independently appraises clinical research reports based on accepted criteria

Fail to understand the importance of compassion, integrity, and respect for others. Unable to demonstrate sensitivity for others **Demonstrates** sensitivity and responsiveness to patients. Fail to shows compassion, integrity, and respect | Consistently shows compassion, in typical situations with patients, peers, and members of the health care team Occasionally demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Occasionally accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Understands the importance of compassion, integrity, and respect and responsiveness to patients integrity, and respect in typical situations with patients, peers, and members of the health care team **Consistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

P 1

| EPA 3: Recommending and interpreting common diagnostic and screening tests | | | | |
|--|--|--|--|--|
| 1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting. IMPORTANCE: When recommending tests, one must consider the evidence supporting the use of the test, the value of the test, and the expenses that patients may incur by obtaining the test. Physicians must also follow-up on all test results in a timely fashion and communicate results to patients. | | | |
| 2. Most relevant domains of competence: | MK, PC, ICS, SBP, PBLI, P | | | |
| 3. Competencies within each domain critical to entrustment decisions: | MK1.2,MK2.2, MK 3.3 PC1.2 ICS 1.2 SBP 2.3 PBLI2.2 P1.3 | | | |
| 4.Methods of assessment | Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | | | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|---|
| MK 1 | Lack knowledge of early embryology, Organogenesis, Genetic approach, neonatal physiology, child growth and development, nutritional needs, fluid electrolyte & acid base balance, adolescent physiology. Unable to explain the abnormalities associated with transition from fetal to neonatal life, early growth and development problems, nutritional deficiency | Demonstrates knowledge regarding early embryology, Organogenesis, Genetic approach, neonatal physiology, child growth and development, nutritional needs, fluid electrolyte & acid base balance, adolescent physiology. Explain the abnormalities associated with transition from fetal to neonatal life, early growth and development problems, nutritional deficiency |
| | Unable to explain abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Unable to explain pathophysiology of infections and non - infectious inflammation in health and disease Unable to explain abnormal and normal symptomatology related to disease manifestations Unable to explain pathophysiology of acute clinical conditions and metabolic derangements in health and disease | with congenital malformations, inherited disorders and inborn errors of metabolism. Explain pathophysiology of infections and non -infectious inflammation in health and disease Explain abnormal and normal symptomatology related to disease manifestations Explain pathophysiology of acute clinical conditions and metabolic |
| | Lack ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) | derangements in health and disease Demonstrates the ability to formulate a differential diagnosis of various neonatal and pediatric conditions Demonstrates an understanding of initial evaluation of |
| | Lack ability to recommend or interpret basic diagnostic tests accurately; justification for tests may be incomplete or inaccurate. | Demonstrates the ability to recommend or interpret basic diagnostic tests accurately; justification for tests may be incomplete or inaccurate. |
| MK 3 | Lacks the scientific, socioeconomic or behavioral knowledge required to order and interpret lab investigations | Possesses the scientific, socioeconomic and behavioral knowledge required to order and interpret lab investigations for complex medical conditions and comprehensive preventive care |

| PC 1 | results in a list of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to order for diagnostic tests | semantic qualifiers (such as paired opposites that are used to describe clinical information [e.g., acute and |
|--------|--|--|
| ICS 1 | of lab investigations and their | Maintain communication with patient and family regarding prescription of lab investigations and their interpretation. Communicates results without using jargon and confirms understanding from the patient |
| SBP 2 | Understands the importance of providing cost-effective care Fails to consider costs and/or value of the test in decision making. The student may not demonstrate awareness of the financial implications of ordering the tests/procedures for patient, Examples include: recommending "routine daily labs" during a hospital stay without justification, duplicate tests because of incomplete review of medical records, or low-value tests in the outpatient setting. | Demonstrates the incorporation of cost awareness into clinical judgment and decision making Considers the value of tests and procedures when recommending |
| PBLI 2 | Do not read appropriate information, | Reads appropriate information, as assigned by the program or related to patient-specific topics Understands level of evidence for patient care recommendations |

P 1 **Fail to understand** the importance of compassion, integrity, and respect for others. Unable to demonstrates sensitivity and responsiveness to patients Inconsistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team Inconsistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Doesn't accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Consistently shows compassion, integrity, and respect for patients who decline medical advice or request un- indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

Modifies one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

| | EPA 4: Entering and discussing orders and prescriptions and giving the necessary | | |
|---|---|--|--|
| instructions to the patien | | | |
| Description of the activity: This includes a the necessary treatment orders and prescriptions of the treating brief rationale and a list physician. He should participate actively in decision making and of the functions required formulation of treatment plan. He should be able to educate the patient and the care givers on the correct modality of following treatment orders and also effectively check compliance. The prescription writing should be tailored to the clinical situation and specific patient encounter. This prescription writing activity serves as the major building block of | | | |
| | patient management. | | |
| Most relevant domains of | MK, PC, ICS, SBP, P | | |
| competence: | | | |
| Competencies within | MK 1.3, MK 2.4, MK 3.3 | | |
| each domain critical to entrustment decisions: | to PC1 3 3 4 4 3 | | |
| | ICS1.2, 2.2, 3.3 | | |
| | SBP 1.4, 2.4 P1.2 | | |
| Mathods of assessment | Periodic written exam (Every 6 months) OSCE | | |
| | Workplace assessment by Faculty Multisource feedback Patient | | |
| | Nurses | | |
| | Health care workers | | |
| | Peers | | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| MK 1 | function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to | Demonstrates a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease |
| | = | Demonstrate normal patterns of growth and development in children |
| | Fails to Demonstrate normal and abnormal nutritional states in children Fails to Explain abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Fails to Explain pathophysiology of infections and non - infectious inflammation in health and disease Fails to Explain abnormal and normal symptomatology related to disease manifestations Fails to Explain pathophysiology of acute clinical conditions and metabolic derangements in health and disease Fails to Correlate the symptoms and signs with the underlying pathology Fails to Demonstrate the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Fails to Demonstrate knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions | with the underlying pathology Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Demonstrates knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions |
| MK 2 | • | Demonstrates the ability to formulate a differential |

| | Fails to Demonstrate an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive | diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) Demonstrates an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and |
|------|--|---|
| | management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) | pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) Demonstrates the ability to formulate comprehensive management plans for patients with comorbidities(Ref.to MK 1 L2) |
| | Fails to Demonstrate the ability to formulate comprehensive management plans for patients with comorbidities(Ref.to MK 1 L2) Fails to Demonstrate ability to share knowledge with other members of the health care. | |
| MK 3 | Does not analyse psychosocial-cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care. Does not prepare plan to improve pediatric care-seeking and care-compliance attitudes toward health care. | Analyse psychosocial-cultural influences on children's health, careseeking, care-compliance, barriers and attitudes toward care. Prepare a plan to improve pediatric care-seeking and care-compliance attitudes toward health care. |
| PC 1 | Does not demonstrate basic knowledge of normal and abnormal symptoms and signs of disease. Does not perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Does not interpret test results and screens for neonatal and pediatric conditions | Demonstrates basic knowledge of normal and abnormal symptoms and signs of disease. Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Interprets test results and screens for neonatal and pediatric conditions |

| PC 3 | Fails to demonstrate knowledge of | Demonstrate knowledge of normal and |
|------|---|--|
| | normal and abnormal range of values | abnormal range of values in neonatal |
| | in neonatal and pediatric conditions. | and pediatric conditions. |
| | Does not interpret commonly | Interpretation of commonly performed |
| | performed laboratory data, imaging | laboratory data, imaging studies. |
| | studies Does not correlate the | Correlating the laboratory data, |
| | laboratory data, imaging studies with | imaging studies with underlying |
| | underlying pathology. | pathology. |
| | Does not interpret of specially | Interpretation of specially performed |
| | performed laboratory data, imaging | laboratory data, imaging studies. |
| | studies. Correlating specially | Correlating specially performed |
| | performed laboratory data, imaging | laboratory data, imaging studies with |
| | F | , , , |
| | studies with underlying pathology. | underlying pathology. |
| | Fails to formulate management plans | initiates treatment for |
| | and initiates treatment for neonatal | initiates treatment for |
| | and pediatric conditions. | neonatal and pediatric conditions. |
| PC 4 | Does not demonstrate knowledge of | Demonstrate knowledge of neonatal |
| | neonatal and pediatric emergencies | and pediatric emergencies (asthma, |
| | (asthma, seizures, sepsis, shock, | seizures, sepsis, shock, tachypnea in |
| | tachypnea in new born, NB | new born, NB hypoglycaemia) and their |
| | hypoglycaemia) and their | management plan. |
| | management plan. | Demonstrates a basic understanding of |
| | Does not demonstrate a basic | the effectiveness, |
| | understanding of the effectiveness, | risks, benefits, complications, and |
| | risks, benefits, complications, and | contraindications of common drugs and |
| | contraindications of common drugs | therapeutics in pediatrics. |
| | and therapeutics in | |
| | pediatrics. | |
| | Does not perform the initial | Performs the initial assessment, |
| | assessment, formulates a differential | formulates a differential diagnosis, and |
| | diagnosis, and initiates treatment for | initiates treatment for common pediatric |
| | common pediatric and neonatal | and neonatal disorders Recognise |
| | disorders. | complications and formulate initial |
| | Fails to recognise complications and | management plan. Counsels on the |
| | formulate initial management plan. | effectiveness, risks and benefits of |
| | Fails to counsel on the effectiveness, | available forms of management option. |
| | risks and benefits of available forms | Formulates management plans and |
| | of management option. | initiates treatment for uncommon |
| | Does not formulate management | situations in pediatrics. |
| | plans and initiates treatment for | <u> </u> |
| | F | Develops patient-centred management |
| | uncommon situations in pediatrics. | plans to maintain health and prevent |
| | Fails to develop patient-centred | disease. |
| | management plans to maintain health | |
| | and prevent disease. | |

| ICS 1.2 | Fails to demonstrate adequate listening skills. Does not communicate effectively in routine clinical situations Fails to verbalize basic knowledge about common vaccines. Does not understand the importance of informed consent Does not enquire for patient and family understanding of illness and does not allow opportunities for patient questions, Does not maintain communication with patient and family regarding plan of care for hospitalized patients management plan | Understands the importance of informed consent Enquire for patient and family understanding of illness and Allows opportunities for patient questions, Maintain communication with patient and family regarding plan of care for hospitalized patients management plan |
|---------|--|---|
| ICS 2.2 | Does not understand the importance of relationship development, information gathering and sharing, and teamwork. Fails to demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Fails to demonstrate an understanding of transitions of care and team debriefing. | Understands the importance of relationship development, information gathering and sharing, and teamwork. Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team Demonstrates an understanding of transitions of care and team debriefing. |
| ICS 3.3 | Does not understand the importance of informed consent. Does not engage patients in shared decision making, and obtains informed consent for basic procedures. Does not use appropriate and easy-to-understand language in all phases of communication, utilizing an interpreter where necessary. Does not engage in shared decision making, incorporating patients' and families' cultural frameworks Does not obtain informed consent for complex procedures. | informed consent. Begins to engage patients in shared decision making, and obtains informed consent for basic procedures. Uses appropriate and easy-to-understand language in all phases of communication, utilizing an interpreter where necessary Engages in shared decision making, incorporating patients' and families' cultural frameworks Obtains informed consent for complex |

SBP 1.4

Fails to recognize limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm.

Fails to demonstrate knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting) Fails to participate in "time- out" lists to promote patient safety (e.g., medication reconciliation) Fails to demonstrate knowledge of the epidemiology of medical errors and the differences between near misses. medical errors, and sentinel events. Unable to participate in patient safety reporting and analyzing systems. **Unable to participate** in team drills

Fails to demonstrate knowledge of national patient safety standards, as well as their use/application in the institution.

Does not report errors and nearmisses to the institutional surveillance system and superiors. Does not recognize when root cause analysis is necessary, and is capable of participating in root cause analysis

Does not participate in quality improvement (QI)/patient safety

projects.

Recognizes limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm.

Instrate knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting)

Instrate knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting)

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Instrate knowledge of the institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting)

Instrate knowledge of the institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting)

Instrate knowledge of the institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting)

Instrate knowledge of the instruction in state in feature safety (e.g., surgical site infection, medical error safety (e.g., surgical site infection,

Participates in patient safety reporting and analyzing systems Participates in team drills

Reports errors and near- misses to the institutional surveillance system and superiors Recognizes when root cause analysis is necessary, and is capable of participating in root cause analysis

Participates in

quality improvement (QI)/patient safety projects.

| SBP 2.4 | Does not understand the importance | Understands the importance of |
|---------|---|--|
| | of providing cost- effective care Does | |
| | not understand the role of | Understands the role of physicians in |
| | physicians in advocating for | advocating for appropriate child health. |
| | appropriate child health. | Aware of common socioeconomic |
| | Is not aware of common | barriers that impact patient care |
| | socioeconomic barriers that impact | Demonstrates an awareness of the need |
| | | for coordination of patient care and |
| | awareness of the need for | patient advocacy. |
| | coordination of patient care and | Demonstrates the incorporation of cost |
| | patient advocacy. | awareness into clinical judgment and |
| | Fails to demonstrate the | decision making Coordinates and |
| | incorporation of cost awareness into | advocates for needed resources to |
| | clinical judgment and decision | facilitate patient care (e.g., effective |
| | making Does not coordinate and | discharge planning). |
| | advocate for needed resources to | Practices cost-effective care (e.g., |
| | facilitate patient care (e.g., effective | formulary drugs, generic drugs, |
| | discharge planning). | tailoring of diagnostic tests) Analyzes |
| | _ | patient care options from a quality of |
| | | life (QOL)/cost-of- care perspective, |
| | | and includes in patient counselling. |
| | analyzepatient care options from a | Communicates effectively within his or |
| | quality of life (QOL)/cost- of-care | her own |
| | perspective, and includes in patient | hospital/clinic to advocate for patient |
| | counselling. | needs. |
| | Does not communicate effectively | needs. |
| | within his or her own | |
| | hospital/clinic to advocate for patient | |
| | needs. | |
| P 1.2 | Does not understand the importance | Understands the importance of |
| | of compassion, integrity, and respect | compassion, integrity, and respect for |
| | for others. | others Demonstrates sensitivity and |
| | Fails to demonstrate sensitivity and | responsiveness to patients. |
| | responsiveness to patients. Does not | Consistently shows compassion, |
| | consistently show compassion, | integrity, and respect in typical |
| | integrity, and respect in typical | situations with patients, peers, and |
| | situations with patients, peers, and | members of the |
| | | health care team. |
| | health care team. | |
| | Fails to consistently demonstrate | Consistently demonstrates sensitivity |
| | sensitivity and responsiveness to | and responsiveness to diversity of |
| | diversity of patients' ages, cultures, | patients' ages, cultures, races, religions, |
| | races, religions, abilities, or sexual | abilities, or sexual orientations Accepts |
| | orientations. | constructive feedback to improve his or |
| | _ | her ability to demonstrate compassion, |
| | to improve his or her ability to | integrity, and respect for others. |
| | demonstrate compassion, integrity, | |
| | and respect for | |
| | others | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|---|
| PC 4 | formulate initial | Demonstrate knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Recognises routine screening of high risk new-borns and perform the prescribed interventions and investigations Demonstrates a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. Performs the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders Recognisecomplications and formulate initial management plan. Identifies an infant in need of advanced resuscitation. Counsels on the effectiveness, risks and benefits of available forms of management option. |
| ICS 1 | Fails to demonstrate adequate listening skills. Does not communicate effectively in routine clinical situations Fails to verbalize basic knowledge about common vaccines. Does not understand the importance of informed consent Does not enquire for patient and family understanding of illness and does not allow opportunities for patient questions, Does not maintain communication with patient and family regarding plan of care for hospitalized patients management plan | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common vaccines Understands the importance of informed consent. Enquire for patient and family understanding of illness and Allows opportunities for patient questions, Maintain communication with patient and family regarding plan of care for hospitalized patients management plan |

| SBP 2 | Does not understand the importance | Understands the importance of |
|-------|---|--|
| | of providing cost- effective care Does | providing cost- effective care |
| | not understand the role of | Understands the role of physicians in |
| | physicians in advocating for | advocating for appropriate child health |
| | appropriate child health. | Aware of common socioeconomic |
| | Is not aware of common | barriers that impact patient care |
| | socioeconomic barriers that impact | Demonstrates an awareness of the |
| | patient care. Fails to demonstrate an | need for coordination of patient care |
| | awareness of the need for | and patient advocacy |
| | coordination of patient care and | |
| | patient advocacy. | |
| P 1 | Does not understand the importance | Understands the importance of |
| | of compassion, integrity, and respect | compassion, integrity, and respect for |
| | for others. | others Demonstrates sensitivity and |
| | Fails to demonstrate sensitivity and | responsiveness to patients |
| | responsiveness to | Consistently shows compassion, |
| | patients. | integrity, and respect |
| | Does not consistently show | in typical situations with patients, |
| | compassion, integrity, and respect in | peers, and members of the health care |
| | typical situations with patients, peers, | team Consistently demonstrates |
| | and members of the health care team. | sensitivity and responsiveness to |
| | Fails to consistently demonstrate | diversity of patients' ages, cultures, |
| | sensitivity and responsiveness to | races, religions, abilities, or sexual |
| | diversity of patients' ages, cultures, | orientations Accepts constructive |
| | races, religions, abilities, or sexual | feedback to improve his or her ability |
| | orientations. | to demonstrate compassion, integrity, |
| | Fails to accept constructive feedback | |
| | to improve his or her | |
| | ability to demonstrate compassion, | |
| | integrity, and respect for others | |

| EPA 5: Documenting a clinical encounter in patient records | |
|---|--|
| Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Residents should be able to provide accurate, focused, and context- specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, and email). |
| Most relevant domains of competence: | PC, ICS, SBP, P. |
| Competencies within each domain critical to entrustment decisions: | PC4.2 ICS1.2 SBP2.2 P1.2 |
| Methods of assessment | Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient |
| | Nurses Health care workers Peers |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| | (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Does not demonstrate a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. Does not perform the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders. Fails to recognise complications and formulate initial management plan. | Demonstrate knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Demonstrates a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. Performs the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders Recognise complications and formulate initial management plan. Counsels on the effectiveness, risks and benefits of available forms of management option. |
| | Does not communicate effectively in routine clinical situations Fails to verbalize basic knowledge about common vaccines. Does not understand the importance of informed consent Does not enquire for patient and family understanding of illness and does not allow opportunities for patient questions, Does not maintain communication with patient and family regarding plan of care for | Verbalizes basic knowledge about common vaccines Understands the importance of informed consent Enquire for patient and family understanding of |

| PBLI 2 | Does not Show commitment to self-evaluation, lifelong learning, and patient safety Does not demonstrate understanding of the basic concepts of QI. Fails to read appropriate information, Does not understand level of evidence for patient care recommendations | Shows commitment to self- evaluation, lifelong learning, and patient safety Demonstrates understanding of the basic concepts of QI Reads appropriate information, as assigned by the program or related to patient- specific topics Understands level of evidence for patient care recommendations |
|--------|---|--|
| P 1 | Does not understand the importance of compassion, integrity, and respect for others. Fails to demonstrate sensitivity and responsiveness to patients. Does not consistently show compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Fails to consistently demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Fails to accept constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others | compassion, integrity, and respect for others Demonstrates sensitivity and responsiveness to patients. Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her |

| EPA 6: Provide an oral presentation of a clinical encounter | |
|---|--|
| Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Residents should be able to concisely present the a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition. |
| Most relevant domains of competence | e: PC, ICS, PBLI, P |
| Competencies within each domain critical to entrustment decisions: | PC4.2 ICS1.2 PBLI2.2 P1.2 |
| Methods of assessment | Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers |

| Competency | Pre-Entrustable | Entrustable | |
|------------|--|---|--|
| PC 4 | Does not demonstrate knowledge of | Demonstrate knowledge of | |
| | neonatal and paediatric emergencies | neonatal and paediatric | |
| | (asthma, seizures, sepsis, shock, | emergencies (asthma, seizures, | |
| | tachypnea in new born, NB | sepsis, shock, tachypnea in new | |
| | hypoglycaemia) and their | born, NB hypoglycaemia) and their | |
| | management plan. | management plan. | |
| | Does not demonstrate a basic | Demonstrates a basic | |
| | understanding of the effectiveness, | understanding of the effectiveness, | |
| | risks, benefits, complications, and | risks, benefits, complications, and | |
| | contraindications of common drugs | contraindications of common drugs | |
| | and therapeutics in paediatrics. | and therapeutics in paediatrics. | |
| | Does not perform the initial | Performs the initial assessment, | |
| | assessment, formulates a differential | formulates a differential diagnosis, | |
| | diagnosis, and initiates treatment for | _ | |
| | common paediatric and neonatal | paediatric and neonatal disorders | |
| | disorders. | Recognise complications and | |
| | Fails torecognise complications and | | |
| | | Counsels on the effectiveness, | |
| | Fails to counsel on the effectiveness, | | |
| | risks and benefits of available forms | | |
| | of management option. | | |

| ICS 1 | Fails to demonstrate adequate listening skills. Does not communicate effectively in routine clinical situations Fails to verbalize basic knowledge about common vaccines. Does not understand the importance of informed consent Does not enquire for patient and family understanding of | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common vaccines Understands the importance of informed consent Enquire for patient and family understanding of illness and |
|--------|---|--|
| | illness and does not allow opportunities for patient questions, Does not maintain communication with patient and family regarding plan of care for hospitalized patients management plan | Allows opportunities for patient questions, Maintain communication with patient and family regarding plan of care for hospitalized patients management plan |
| PBLI 2 | Does not Show commitment to self-evaluation, lifelong learning, and patient safety Does not demonstrate understanding of the basic concepts of QI. Fails to read appropriate information, Does not understand level of evidence for patient care recommendations | Shows commitment to self- evaluation, lifelong learning, and patient safety Demonstrates understanding of the basic concepts of QI Reads appropriate information, as assigned by the program or related to patient-specific topics Understands level of evidence for patient care recommendations |
| P 1 | Does not understand the importance of compassion, integrity, and respect for others. Fails to demonstrate sensitivity and responsiveness to patients. Does not consistently show compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Fails to consistently demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Fails to accept constructive | Understands the importance of compassion, integrity, and respect for others Demonstrates sensitivity and responsiveness to patients. Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect |

| EPA 7: Recognize a patient requiring urgent or emergency care and initiate evaluation | | |
|--|--|--|
| and management | | |
| Description of the activity: This | Identifying acute life threatening illness | |
| included a brief rationale and a list of | requiring resuscitation | |
| the functions required for the EPA. | Performing triage and demonstrating the ability to evaluate identity and intervene at the level of initial impression, primary assessment and secondary assessment Demonstrate situation specific skills in managing sick patients including prescribing and performing emergency procedures as per PALS guidelines Demonstrate effective communication skills with team members and parents of the child Summarizing and debriefing after stabilizing each and every emergency patient Recognizing strengths and weaknesses of knowledge and skills and seeking timely help Arranging for smooth transfer of patient after | |
| | stabilization to an appropriate care and ensuring a seamless transition | |
| Most relevant domains of | MK, PC, ICS, PBLI, SBP, P | |
| competence: | MK2.3 MK5.4 PC1.4 PC2.3 PC4.4 PC7.4 | |
| Competencies within each domain critical to entrustment decisions: | PBLI.3 ICS1.3 ICS2.3 ICS3.3 SBP1.3 SBP3.4 P1.3 | |
| Methods of assessment | Simulation scenarios (Emergency management in safe environment, team dynamics and leadership) direct observation assessment | |
| | Audit of clinical practice E- Portfolio Multisource feedback | |
| | Patient | |
| | Nurses | |
| | Health care workers | |
| | Peers | |

| Compete ncy | Pre-Entrustable | Entrustable |
|-------------|--|--|
| MK 2 | Not aware of principles of evidence based medicine practice | Understands different levels of evidence and performs advanced search to fill up knowledge gaps |
| Mk 5 | Requires support of senior to decide on triage of emergency patients and prioritizing management Not aware of the systematicapproach to deal with a sick patient in emergency | Recognizes need to conduct debriefing with team members to improve performance and facilitate coping with the stress Demontrate knowledge on post resuscitation care. |
| PC 1 | Performs triage to identify acute life threatening illness (vide component 1) in order to intervene promptly. Conducts an assessment of airway, breathing, circulation, disability and exposure for a sick child in a complete and timely fashion Identifies abnormal findings, particularly vital signs in an age appropriate context | Demonstrate a comprehensive understanding of various paediatric and neonatal emergencies supervises and educates lower-level residents |
| PC 2 | Performs basic procedures, including peripheral venous cannulation, lumbar puncture, basic neonatal resuscitation. Demonstrates basic surgical principles, including use of universal precautions and aseptic technique | Performs airway management Develops skills to get intraosseous access, to do emergency needle thoracocentesis for tension pneumothorax, to deliver synchronized cardioversion/ defibrillation for emergency management of cardiac arrhythmias, to do umbilical venous and arterial catheterization for newborn babies and sample arterial blood for blood gas analysis under supervision |
| PC 4 | Identifies promptly a patient with cardiac arrest and initiates CPR Identifies a newbornbaby in need of advanced resuscitation and initiates resuscitationpromptly. Initiates emergency therapy for a sick child, often poorly priotized | Develops and carries out management plans based on experience and evidence effectively and efficiently Demonstrates good decision |
| PC 7 | Use written ISBAR tool for transfer of care But unable to customize it based on patient's characteristics Fails to consider the needs for the receiver of information | Delivers appropriate handover to receiving ward/institution efficiently Answers questions from family and addresses their emotional needs Ensures open communication, whether in the receiver- or the provider-of-information role, |

| ICS 1 | Demonstrates adequate listening skills but <i>fails to communicate</i> effectively . | Communicates with family members in an empathetic and clear manner consistent with their level of health literacy Capable of delivering bad news to patients and families regarding poor prognoses situations but requires guidance |
|--------|---|--|
| ICS 2 | fails to address to parental concern | Works effectively as a team leader in caring for a child with acute illness. Communicates effectively with team members to create a shared mental model Works effectively in inter professional and interdisciplinary health care teams Participates in effective transitions of care and team debriefing |
| ICS 3 | Understands the importance of informed consent | Uses appropriate and easy-to- understand language in all phases of communication, utilizing an interpreter where necessary frameworks Obtains informed consent for complex procedures |
| SBP 1 | patient safety Utilizes check lists to promote patient safety (e.g., medication reconciliation) | Participates in patient safety reporting and analyzing systems Participates in team drills Demonstrates knowledge of national patient safety standards, as well as their use/application inthe institution |
| SBP 3 | care occasionally with a written care plan | Assess available resources and expertise and initiates appropriate emergency therapy Assesses one's resources and recognizes when further assistance is needed Assesses urgency of definitive medical care after initial stabilization and the proper disposition of such a patient based on resources |
| PBLI 2 | Demonstrates understanding of the basic concepts of QI | 4 |

|] | P 1 | Fails often to demonstrate responsiveness | Consistently shows compassion, |
|---|-----|--|---|
| | | and responsibility towards patients and | integrity, sense of duty, |
| | | fellow learners. <i>Inadequate knowledge</i> | responsibility and accountability and |
| | | about professional role and expected | respect for others under all |
| | | behaviour | circumstances Modifies one's own |
| | | | behavior based on feedback |
| | | | toimprove |

EPA 8: Give or receive a patient handover to transition care responsibility

| 1. Description of the | Effective and efficient handover communication is critical for | | |
|-----------------------|--|--|--|
| activity: This | patient care. Handover communication ensures that patients | | |
| included a brief | continue to receive high-quality and safe care through transitions | | |
| | of responsibility from one health care team or practitioner to | | |
| _ | another. Handovers are also foundational to the success of many | | |
| for the EPA. | other types of interprofessional communication, including | | |
| | discharge from one provider to another and from one setting to | | |
| | another. Handovers may occur between settings (e.g., hospitalist to | | |
| | PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or | | |
| | within settings (e.g., shift changes). | | |
| 2. Most relevant | within settings (e.g., sinit changes). | | |
| domains of | PC/ ICS/ PBLI/ P | | |
| competence: | | | |
| 3. Competencies | PC1.2 PC 3.2 ICS2.2 PBLI2.2 | | |
| within each domain | | | |
| critical to | | | |
| entrustment | | | |
| decisions: | | | |
| | | | |
| | | | |
| 4.Methods of | Written exam (Every 6 months) | | |
| assessment | Workplace assessment by Faculty | | |
| | Multisource feedback | | |
| | Patient | | |
| | Nurses | | |
| | Health care workers | | |
| | Peers | | |
| | | | |

| Compet | Pre-Entrustable | Entrustable |
|--------|--|---|
| PC 1 | Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis; demonstrates analytic reasoning through basic pathophysiology results in a list | Abstracts and reorganizes elicited clinical findings in memory, using semantic qualifiers (such as paired opposites that are used to describe clinical information [e.g., acute and chronic]) to compare and contrast the diagnoses being considered when presenting or discussing a case; shows the |
| | of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to order for diagnostic tests | diagnostic and therapeutic reasoning that |
| | and abnormal range of values in neonatal and pediatric conditions. Interpretation of commonly performed laboratory data, imaging studies. Correlating the laboratory data, imaging studies with underlying | Demonstrate knowledge of normal and abnormal range of values in neonatal and pediatric conditions. Interpretation of commonly performed laboratory data, imaging studies. Correlating the laboratory data, imaging studies with underlying pathology. Interpretation of specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology. Formulates management plans and initiates treatment for neonatal and pediatric conditions. |
| ICS 2 | Unable to assign roles and expectations to team members; fails to give clear instructions and maintain mutual respect; fails to address to parental concern | Works effectively as a team leader in caring for a child with acute illness. Communicates effectively with team members to create a shared mental model. Works effectively in inter professional and interdisciplinary health care teams. Participates in effective transitions of care and team debriefing |

| PBLI 2 | Do not shows commitment to self- | Shows commitment to self- evaluation, |
|--------|---|--|
| | evaluation, lifelong learning, and | lifelong learning, and patient safety |
| | patient safety. Lack understanding of | Demonstrates understanding of the basic |
| | the | concepts of QI Reads appropriate |
| | basic concepts of QI Do not read | information, as assigned by the program or |
| | appropriate | related to patient-specific topics |
| | information, as assigned by the | Understands level of evidence for patient |
| | program or related to patient-specific | care recommendations |
| | topics Fail to Understands | |
| | level of evidence for patient care | |
| | recommendations | |
| P1 | Unable to understands the | Understands the importance of compassion, |
| | importance of compassion, integrity, | integrity, and respect for others |
| | and respect for others Fail to | Demonstrates sensitivity and responsiveness |
| | demonstrates sensitivity and | to patients Consistentlyshows compassion, |
| | responsiveness to patients. | integrity, and respect in typical situations |
| | Occasionally shows compassion, | with patients, peers, and members of the |
| | integrity, and respect in typical | health care team Consistentlydemonstrates |
| | situations with patients, peers, and | sensitivity and responsiveness to diversity of |
| | members of the health care team Fail | patients' ages, cultures, races, religions, |
| | to demonstrates sensitivity and | abilities, or sexual orientations Accepts |
| | responsiveness to diversity of patients' | constructive feedback to improve his or her |
| | ages, cultures, races, religions, | ability to demonstrate compassion, integrity, |
| | abilities, or sexual orientations Fail to | and respect for others |
| | accept constructive feedback to | |
| | improve his or her ability to | |
| | demonstrate compassion, integrity, | |
| | and respect | |
| | for others. | |
| | | |

| EPA 9: Obtain informed consent for tests and/or procedures | | | |
|--|--|--|--|
| | • | | |
| | | | |
| 1. Description of the | Residents should be able to perform patient care | | |
| activity: This included a | interventions that require informed consent for interventions, | | |
| brief rationale and a list | tests, or procedures they order or perform (e.g., | | |
| of the functions | immunizations, central lines, contrast and radiation | | |
| required for the EPA. | exposures, blood transfusions) but should not be expected to | | |
| | obtain informed consent for procedures or tests for which | | |
| | they | | |
| | do not know the indications, contraindications, alternatives, | | |
| 2 Magt vala | risks, and benefits. | | |
| 2. Most relevant domains of | PC, ICS, SBP, P | | |
| domains of | | | |
| competence: | | | |
| 3. Competencies within | PC1.2 PC2.2 PC4.2 ICS1.2 SBP2.2 | | |
| each domain critical to | | | |
| entrustment decisions: | s: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4.Methods of | Written exam (Every 6 months) | | |
| assessment | Workplace assessment by Faculty | | |
| | Multisource feedback | | |
| Patient | | | |
| | Nurses | | |
| | Health care workers | | |
| | Peers | | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| PC 1 | reorganization, or synthesis; demonstrates analytic reasoning through basic pathophysiology results in a list of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to order for diagnostic tests | |
| PC 2 | Does not demonstrate knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Does not demonstrate a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. Does not perform the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders. Fails to recognise complications and formulate initial management plan. Fails to counsel on the effectiveness risks and benefits of | Demonstrate knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Demonstrates a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. Performs the initial assessment, formulates a differential diagnosis, |

PC 4 **Does not demonstrate** knowledge **Demonstrate** knowledge of of neonatal and pediatric neonatal and pediatric emergencies emergencies (asthma, seizures, (asthma, seizures, sepsis, shock, sepsis, shock, tachypnea in new tachypnea in new born, NB born, NB hypoglycaemia) and their hypoglycaemia) and their management plan. management plan. **Does not demonstrate** a basic **Recognises** routine screening of understanding of the effectiveness, high risk new-borns and perform risks, benefits, complications, and the prescribed interventions and contraindications of common drugs investigations **Demonstrates** a basic understanding of the and therapeutics in pediatrics. **Does not perform** the initial effectiveness, risks, benefits, assessment, formulates a complications, and differential diagnosis, and initiates contraindications of common drugs treatment for common pediatric and and therapeutics in pediatrics. neonatal disorders. **Performs** the initial assessment, Fails to recognise complications formulates a differential diagnosis, and formulate initial management and initiates treatment for common plan. **Fails to counsel** on the pediatric and neonatal disorders effectiveness, risks and benefits of **Recognise** complications and formulate initial available forms of management option. management plan. **Identifies** an infant in need of advanced resuscitation. **Counsels** on the effectiveness, risks and benefits of available forms of management option. ICS 1 **Lack** adequate listening skills. **Demonstrates** adequate listening skills. Communicates ineffectively in routine clinical situations **Communicates** effectively in **Fail to verbalizes** basic knowledge routine clinical situations Verbalizes basic knowledge about about common contraceptive options Unable to understands the common contraceptive options importance of informed consent. **Understands** the importance of Fail to e**nquire for** patient and informed consent **Enquire** for patient and family understanding family understanding of illness and of illness and **Allows** opportunities Occasionally **Allows** opportunities for patient questions for patient questions, **Maintain** Fail to maintain communication communication with patient and with patient and family regarding plan of care for family regarding plan of care for hospitalized patients management hospitalized patients management plan plan

| SBP 2 | Fail to recognizes limitations and | Recognizes limitations and failures |
|-------|---|--|
| | failures of a team approach (e.g., | of a team approach (e.g., hand- |
| | hand-offs, miscommunication) in | offs, miscommunication) in health |
| | health care as the leading cause of | care as the leading cause of |
| | preventable patient harm. | preventable patient harm. |
| | Lack knowledge of institutional | Demonstrates knowledge of |
| | surveillance systems to monitor for | institutional surveillance systems |
| | patient safety (e.g., surgical site | to monitor for patient safety (e.g., |
| | infection, medical error reporting) | surgical site infection, medical |
| | Occasionally participates in "time- | error reporting) Participates in |
| | out". Occasionally | "time-out" Utilizes check lists to |
| | medical errors, and sentinel events. | promote patient safety (e.g., |
| | | medication reconciliation) |
| | | Demonstrates knowledge of the |
| | | epidemiology of medical errors |
| | | and the differences between near |
| | | misses, medical errors, and sentinel |
| | | events. |
| P1 | Unable to understand the | Understands the importance of |
| | importance of compassion, | compassion, integrity, and respect |
| | integrity, and respect for others Fail | for others Demonstrates |
| | to demonstrate sensitivity and | sensitivity and responsiveness to |
| | responsiveness to patients. | patients Consistentlyshows |
| | Occasionally shows compassion, | compassion, integrity, and respect |
| | integrity, and respect in typical | in typical situations with patients, |
| | situations with patients, peers, and | peers, and members of the health |
| | members of the health care team | care team |
| | Fail to demonstrate sensitivity and | Consistentlydemonstrates |
| | | |
| | responsiveness to diversity of | sensitivity and responsiveness to |
| | patients' ages, cultures, races, | sensitivity and responsiveness to diversity of patients' ages, cultures, |
| | patients' ages, cultures, races, religions, abilities, or sexual | sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual |
| | patients' ages, cultures, races, religions, abilities, or sexual orientations Fail to accept | sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive |
| | patients' ages, cultures, races, religions, abilities, or sexual orientations Fail to accept constructive feedback to improve | sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her |
| | patients' ages, cultures, races, religions, abilities, or sexual orientations Fail to accept constructive feedback to improve his or her ability to demonstrate | sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her ability to demonstrate compassion, |
| | patients' ages, cultures, races, religions, abilities, or sexual orientations Fail to accept constructive feedback to improve | sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her |

| EPA 10: Collaborate as a member of an interprofessional team | | |
|---|---|--|
| 1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Efficient team work and holistic approach among ethe team members will improve the patient care outcome and also in smooth functioning of the Department. Resident must know the importance of team work, how to communicate in a professional way among all the team members, how to take lead responsibility as and when needed and how to rectify problems occurring when working as a team. | |
| 2. Most relevant domains of competence: | ICS, SBP, P | |
| 3. Competencies within each domain critical to entrustment decisions: | ICS2.4 SBP1.2 P2.2 | |
| 4.Methods of assessment | Workplace assessment by Faculty Multisource feedback Nurses Faculties Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| ICS 2 | Fail to understand the importance of | Understands the importance of |
| | relationship development, | relationship development, |
| | information gathering and sharing, | information gathering and sharing, |
| | and teamwork. | and teamwork. Demonstrates an |
| | Lack understanding of the roles of | understanding of the roles of health |
| | health care team members, and | care team members, and |
| | communicates effectively within the | communicates effectively within the |
| | team. Lack understanding of | team. |
| | transitions of care and team | Demonstrates an understanding of |
| | debriefing. | transitions of care and team |
| | Unable to Work effectively in | debriefing. |
| | interprofessional and interdisciplinary | Works effectively in |
| | health care teams. | interprofessional and interdisciplinary |
| | Fails to Participate in effective | health care teams. |
| | transitions of care and team | Participates in effective transitions |
| | debriefing. | of care and team debriefing. |
| | Fails to Communicate effectively | Communicates effectively with |
| | with physicians and other | physicians and other |
| | health care professionals regarding | health care professionals regarding |

| | patient care. | patient care. |
|------|--|--|
| SBP1 | Fail to recognizes limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm. Lack knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting) Occasionally participates in "time- out". Occasionally utilize check lists to promote patient safety (e.g., medication reconciliation). Lack knowledge of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events. | Recognizes limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm. Demonstrates knowledge of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting) Participates in "time-out" Utilizes check lists to promote patient safety (e.g., medication reconciliation) Demonstrates knowledge of the epidemiology of medical errors and the differences between near misses, medical errors, and |
| P2 | Fail to understands that physicians are accountable to patients, society, and the profession Acts with honesty | consistently punctual for clinical assignments and responsive to requests for assistance; completes |
| | and truthfulness. | administrative duties (e.g., medical records, reports) on time and without reminders Understands the signs and symptoms of fatigue, stress, and substance abuse. |

| EPA 11: Form clinical question | ns and retrieve evidence to advance patient care |
|---|--|
| 1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Residents should be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them. |
| 2. Most relevant domains of competence: | MK, PBLI. |

| 3. Competencies within each | MK1.2 MK2.2 | |
|--------------------------------|---|--|
| domain critical to entrustment | t PBLI1.2 | |
| decisions: | | |
| | | |
| 4.Methods of assessment | Written exam (Every 6 months) Workplace assessment by | |
| | Faculty Multisource feedback | |
| | Patient | |
| | Nurses | |
| | Health care workers | |
| | Peers | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| MK 1 | Lack of Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease. Fail to | Demonstrates a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical |
| | Demonstrate normal patterns of growth and development in children. Fails to Demonstrate normal and | pathways related to health and disease. |
| | abnormal nutritional states in children. Fails to Explain abnormalities associated with congenital | Demonstrate normal patterns of growth and development in children. |
| | malformations, inherited disorders and inborn errors of metabolism. Fails to Explain pathophysiology of infections and non | Demonstrate normal and abnormal nutritional states in children. |
| | -infectious inflammation in health and disease. Fails to Explain abnormal and normal symptomatology related to disease manifestations. | Explains abnormalities associated with congenital malformations, inherited disorders and inborn errors of |
| | Fails to Explain pathophysiology of acute clinical | metabolism. Explains pathophysiology of infections and non - |

conditions and metabolic infectious inflammation in health derangements in health and and disease. **Explains** abnormal disease**Fails to Correlate** the and normal symptomatology symptoms and signs with the related to disease manifestations. underlying pathology **Explains** pathophysiology of Fails to Demonstrate the ability to acute clinical conditions and utilize focused diagnostic approaches. metabolic derangements in health formulate comprehensive and disease. management plans neonatal and Correlates the symptoms and pediatric conditions Fails to signs with the underlying **Demonstrate** knowledge about the pathology management of medical comorbidities **Demonstrates** the ability to relevant neonatal and pediatric utilize focused diagnostic conditions approaches, formulate comprehensive management plans neonatal and pediatric conditions **Demonstrates** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions MK 2 **Fails to Demonstrate** the ability to **Demonstrates** the ability to formulate a differential diagnosis of formulate a differential diagnosis of various neonatal and pediatric various neonatal and pediatric conditions (Ref.to MK 1 L2) conditions (Ref.to MK 1 L2) Fails to Demonstrate an **Demonstrates** an understanding understanding of initial evaluation of initial evaluation and treatment and treatment options various options various neonatal neonatal and pediatric conditions. pediatric conditions. (Ref.to MK (Ref.to MK 1 L2) 1 L2) **Fails to Demonstrate** the ability to **Demonstrates** the ability to formulate comprehensive formulate comprehensive management plans for patients with management plans for patients common neonatal and pediatric with common neonatal and conditions. (Ref.to MK 1 L2) pediatric conditions. (Ref.to MK **Fails to Demonstrate** the ability to 1 L2) **Demonstrates** the ability to Interprets tests appropriate for Interprets tests appropriate for neonatal and pediatric neonatal and pediatric conditions. (Ref.to MK 1 L2) (Haematology, conditions. (Ref.to MK 1 L2) (Haematology, Biochemical, Biochemical. Microbiology, Radiology)

| | Microbiology, Radiology) | |
|--------|---|--|
| | Fails to Demonstrate the ability to formulate comprehensive management plans for patients with comorbidities (Ref.to MK 1 L2) Fails to Demonstrate ability to share knowledge with other members of the health care. | |
| PBLI 1 | Lack understanding of critical appraisal of the literature Fail to demonstrate responsiveness to constructive feedback. Fail to identify resources (e.g., texts, search engines) to answer questions while providing patient care Fail to recognize limits of knowledge, expertise, and technical skills. Unable to describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; casecontrol, cross-sectional). | Demonstrate an understanding of critical appraisal of the literature Demonstrate responsiveness to constructive feedback. Identify resources (e.g., texts, search engines) to answer questions while providing patient care. Recognize limits of knowledge, expertise, and technical skills. Describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional). |

| EPA 12: Breaking bad news | | |
|---|---|--|
| 1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Resident must be able to collaborate with patients, families and members of the interdisciplinary team. Develop communication skills in conveying relevant information and explanation accurately to patients and families with empathy. | |
| | Resident must be able to communicate issues, problems and plans with patients, families in a professional way. | |
| 2. Most relevant domains of competence: | ICS P | |

| 3. Competencies within each domain critical to entrustment decisions: | ICS 1.4 P 1.3 |
|---|---|
| 4.Methods of assessment | 1.Workplace assessment by Faculty 2.Multisource feedback Patient Nurses Health care workers Peers |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|---|
| ICS 1 | listening skills. Fails to Communicate effectively in clinical situations Fails to enquire for patient and family understanding of illness and Does not allow opportunities for patient questions. Lacks the skill to Communicate effectively in stressful, | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Enquire for patient and family understanding of illness Allows opportunities for patient questions. Maintain communication with patient and family regarding plan of care for hospitalized patient's management plan Communicates effectively in stressful, emergent, and complex situations Capable of delivering bad news to patients and families regarding poor prognoses situations Communicates with patients and families across a broad range of socio- economic and cultural backgrounds Delivers bad news complications Capable of informing patients and families about a medical error that caused harm or death. |

Lack ability to understand **the** importance of compassion, integrity, and respect for others

Fails toDemonstratesensitivity and responsiveness to patients **Lack** consistency in showing compassion, integrity,

and respect in typical situations with patients, peers,

and members of the health care team.

Lacks ability to demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations

Fails to accept constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Fails to show compassion, integrity, and respect for patients who decline medical advice or request unindicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

Fails to Modify one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Understands the importance of compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team

Consistently

demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others Consistently shows compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

| EPA 13: Clinical demonstration classes for undergraduates | | |
|---|---|--|
| Description of the activity: This included a | Residents should be able to teach and perform | |
| brief rationale and a list of the functions | an accurate complete or focused history and | |
| required for the EPA | physical exam in a prioritized, organized | |
| | manner without supervision and with | |
| | respect for the patient. | |
| Most relevant domains of competence: | MK PC ICS | |
| | P | |
| | | |
| | | |
| | | |
| | | |
| Competencies within each domain critical | MK - 1.3,2.3, 3.3, 4.3 | |
| to entrustment decisions: | PC - 1.2, | |
| | ICS - 1.3 | |
| | P - 1.2 | |
| Methods of assessment | Mini Cex | |
| | Workplace assessment by Faculty | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| MK 1 | Does not Correlate the symptoms and signs with the underlying pathology as mentioned in level 2 Does not Demonstrate the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions as mentioned in Level 2 Does not Demonstrate knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions Does not Demonstrate an in-depth | Correlate the symptoms and signs with the underlying pathology as mentioned in level 2 Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions as mentioned in Level 2 Demonstrates knowledge about the management nof medical comorbidities relevant theonatal and pediatric conditions |
| | | complex comorbidities |

| MK 2 | of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) | Demonstrates an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 |
|------|--|--|
| | Does not Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Does not Demonstrate the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) | Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, |
| MK 3 | Does not Analyze psychosocial-cultural influences on children's health, careseeking, care-compliance, barriers and attitudes toward care Does not Prepare a plan to improve parents' care-seeking and care-compliance attitudes toward health care. Does not Apply principles to the identification of risk factors Does not Recommend age- and risk-appropriate vaccinations, nutritional guidance | Radiology) Analyze psychosocial-cultural influences on children's health, care-seeking, care- compliance, barriers and attitudes toward care Prepare a plan to improve |
| MK 4 | Does not Apply principles to the identification of health problems. Does not Demonstrate knowledge of evidence-based, age- appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) | evidence-based, age- appropriate guidelines for children's health maintenance and disease |
| PC 1 | Does not Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. | Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. |

| ICS 1 | Does not Communicate effectively in stressful, emergent, and complex Is not Capable of delivering bad news to patients and families regarding poor prognoses situations Does not ommunicate with patients and families across a broad range of socioeconomic and cultural backgrounds | Communicates effectively in stressful, emergent, and complex Capable of delivering bad news to patients and families regarding poor prognoses situations Communicates with patients and families across a broad range of socio- economic and cultural backgrounds |
|-------|--|---|
| P1 | Does not Consistently show compassion, integrity, and respect for patients who decline medical advice or request unindicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress | Consistently shows compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress |
| | Does not Modifys one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others. | Modifies one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others. |

EPA: 14 - Performing general medical procedures

EPA 14: Performing general medical procedures (IV line insertion, Naso-gastric tube insertion, urinary catheterization, basic neonatal resuscitation) 1. Description of the activity: This Residents should be able to perform an accurate included a brief rationale and a list of complete or focused history and physical exam in a the functions required for the EPA. prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. Should possess necessary knowledge and expertise to perform minor medical procedures in OPD and ward. 2. Most relevant domains of competence: MK PC ICS PBL SBP

| 3. Competencies within each domain critical | MK - 1.3,2.3 |
|---|---|
| to entrustment decisions: | PC - 1.3,2.3 |
| | ICS - 1.3 |
| | PBL - 2.3 |
| | SBP – 1.3 |
| | P - 1.3 |
| | Workplace assessment by Faculty Multisource feedback Nurses Peers |
| | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|---|
| MK 1 | Does not Correlate the symptoms and | Correlate the symptoms and signs |
| | signs with the underlying pathology as | with the underlying pathology as |
| | mentioned in level 2 | mentioned in level 2 |
| | Does not Demonstrate the ability to | Demonstrates the ability to utilize |
| | | focused diagnostic approaches, |
| | formulate comprehensive management | formulate comprehensive |
| | plans neonatal and pediatric conditions as | management plans neonatal and |
| | mentioned in Level 2 | pediatric conditions as mentioned |
| | Does not Demonstrate knowledge about | in Level 2 Demonstrates |
| | the management of medical comorbidities | |
| | relevant neonatal and pediatric conditions | of medical comorbidities relevant |
| | Does not Demonstrate an in-depth | |
| | knowledge regarding neonatal and | Demonstrates an in-depth |
| | pediatric conditions as mentioned in | knowledge regarding neonatal and |
| | Level 2 for management of patients with | |
| | | in Level 2 for management of |
| | | patients with multiple and/or |
| | | complex comorbidities |
| MK 2 | Does not Demonstrate an understanding | 1 |
| | of initial evaluation and treatment options | |
| | _ | options various neonatal and |
| | <u> </u> | pediatric conditions.(Ref.to MK 1 |
| | | L2) |
| | formulate | , in the second |

| | patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Does not Demonstrate the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 | Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref. to MK 1 L2) Demonstrates the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref. to MK 1 L2) (Haematology, Biochemical, |
|------|--|--|
| PC 1 | of normal and abnormal symptoms and signs of disease Fails to Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Fails to Interpret test results and screens for neonatal and pediatric conditions Fails to Demonstrate a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates | Interprets test results and screens for neonatal and pediatric |
| PC 2 | including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. | Performs basic procedures, including peripheral venous cannulation, Naso-gastric tube insertion, urinary catheterization, basic neonatal resuscitation. |

| ICS 1 | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common medical procedures Understands the importance of informed consent Enquire for patient and family understanding of illness and Allows opportunities for patient questions Maintain communication with patient and family regarding plan of care for hospitalized patients management plan | Communicates effectively in stressful, emergent, and complex Capable of delivering bad news to patients and families regarding poor prognoses situations Communicates with patients and families across a broad range of socio- economic and cultural sbackgrounds Delivers bad news to families about complications |
|--------|--|--|
| PBLI 2 | Shows commitment to self- evaluation, lifelong learning, and patient safety. Demonstrates understanding of the basic concepts of QI Reads appropriate information, as assigned by the program or related to patient-specific topics Understands level of evidence for patient care recommendations | Identifies quality of care issues within one's own practice with a systems- based approach. |
| SBP 1 | Recognizes limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm Participates in "time-out" Fails to Utilize check lists to promote patient safety | Recognizes limitations and failures of a team approach (e.g., handoffs, miscommunication) in health care as the leading cause of preventable patient harm Participates in "time-out" Utilizes check lists to promote patient safety (e.g., medication reconciliation) Participates in patient safety reporting and analyzing systems Participates in team drills Demonstrates knowledge of national patient safety standards, as well as their use/application in the institution |

| P1 | Understands the importance of Consistently shows compassion, | |
|----|---|---|
| | compassion, integrity, and respect for integrity, and respect for patients | |
| | others who decline medical advice or | |
| | Demonstrates sensitivity and request un-indicated tests or | |
| | responsiveness to patients. Consistently treatments, for patients who have | |
| | shows compassion, integrity, and respect psychiatric comorbidities, and for | |
| | in typical situations with patients, peers, team members in circumstances of | f |
| | and members of the health care team conflict or high stress Modifies | |
| | Consistently demonstrates sensitivity one's own behaviour based on | |
| | and responsiveness to diversity of feedback to improve his or her | |
| | patients' ages, cultures, races, religions, ability to demonstrate compassion | , |
| | abilities, or sexual orientations integrity, and respect for others. | |
| | Accepts constructive feedback to | |
| | improve his or her ability to demonstrate | |
| | compassion, integrity, and respect for | |
| | others | |
| | | |
| | | |

EPA: 15 - Performing minor surgical procedures

| EPA 15: Performing Minor Surgical procedures (PALS, Advanced NRP, lumbar | | |
|---|--|--|
| puncture, Umbilical catheterization, exchange transfusion, Needle thoracotomy | | |
| 1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA. The resident should have knowledge and technical knowhow for performing minor surgical procedures PALS, Advanced NRP, lumbar puncture, Umbilical catheterization, exchange transfusion, Needle | | |
| | thoracotomyunsupervised and should be able to detect complications if any and communicate with the consultant. | |
| 2.Most relevant domains of | MK PC ICSI SBP PBLI | |
| competencies: | P | |
| 3. Competencies within each domain critical to entrustment decisions: MK - 1.3,2.3 PC - 1.3, 2.3 ICS - 1.3 | | |
| SBP - 1.3 | | |
| PBLI - 2.3 | | |
| P - 1.3 | | |
| 4.Methods of assessment | Workplace assessment by Faculty Multisource feedback - Nurses | |
| | - Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| MK 1 | Demonstrates a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease Demonstrate normal patterns of growth and development in children Demonstrate normal and abnormal nutritional states in children | Correlate the symptoms and signs with the underlying pathology as mentioned in level 2 Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions as mentioned in Level 2 Demonstrates knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions |
| | Explain abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Explain pathophysiology of infections and non -infectious inflammation in health and disease Explain abnormal and normal symptomatology related to disease manifestations Explain pathophysiology of acute clinical conditions and metabolic derangements in health and disease | regarding neonatal and pediatric conditions as mentioned in Level 2 for management of patients with multiple |
| MK 2 | Unable to Interprets tests appropriate forvarious neonatal and pediatric conditions (Haematology, Biochemical, Microbiology, Radiology) Failed to formulate comprehensive management plans for various neonatal and pediatric conditions | Demonstrates an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients |

| | Unable to share knowledge with other members of the health care and to a multidisciplinary team regarding various neonatal and pediatric conditions | Demonstrates the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, |
|------|--|---|
| PC 1 | Fails to Demonstrate basic knowledge of normal and abnormal symptoms and signs of disease Fails to Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Fails to Interpret test results and screens for neonatal and pediatric conditions Fails to Demonstrate a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates lower-level residents. | Microbiology, Radiology) Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Interprets test results and screens for neonatal and pediatric conditions |
| PC 2 | Fails to perform basic procedures including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. Demonstrates basic surgical principles, including use of universal precautions and aseptic technique Performs airway management and ventilator care Performs advanced Neonatal resuscitation Performs PALS Performs synchronised management of common medical emergencies without supervision | Performs basic procedures, including PALS, Advanced NRP, lumbar puncture, Umbilical catheterization, exchange transfusion, Needle thoracotomy |

| ICS 1 | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common medical procedures. Understands the importance of informed consent Enquire for patient and family understanding of illness and Allows opportunities for patient questions Maintain communication with patient and family regarding plan of care for hospitalized patients management plan | Communicates effectively in stressful, emergent, and complex Capable of delivering bad news to patients and families regarding poor prognoses situations Communicates with patients and families across a broad range of socioeconomic and cultural backgrounds Delivers bad news to families about complications |
|--------|---|---|
| PBLI 2 | Shows commitment to self- evaluation, lifelong learning, and patient safety. Demonstrates | References and utilizes national standards or guidelines in patient care plans. Identifies quality of care issues within one's own practice with a systems-based approach. |
| SBP 1 | a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm Participates in "time-out" | Recognizes limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm Participates in "timeout" Utilizes check lists to promote patient safety (e.g., medication reconciliation) Participates in patient safety reporting and analyzing systems Participates in team drills Demonstrates knowledge of national patient safety standards, as well as their use/application in the institution |

| P1 | Understands the importance of Consistently shows compassion, |
|----|---|
| | compassion, integrity, and respect for integrity, and respect for patients who |
| | others decline medical advice or request un- |
| | Demonstrates sensitivity and indicated tests or treatments, for |
| | responsiveness to patients patients who have psychiatric |
| | Consistently shows compassion, comorbidities, and for team members |
| | integrity, and respect in typical in circumstances of conflict or high |
| | situations with patients, peers, and stress Modifies one's own behaviour |
| | members of the health care team based on feedback to improve his or |
| | Consistently demonstrates sensitivity her ability to demonstrate compassion, |
| | and responsiveness to diversity of integrity, and respect for others. |
| | patients' ages, cultures, races, |
| | religions, abilities, or sexual |
| | orientations |
| | Accepts constructive feedback to |
| | improve his or her ability |
| | to demonstrate compassion, integrity, |
| | and respect for others |

| EPA 16: Identifying organ dysfunction and taking remedial measures | | |
|--|---|--|
| Description of the activity: | Residents should be able to elicit necessary history pertaining to specific organ systems in appropriate settings and identify the symptoms and signs of the concerned organ system. He should order the necessary laboratory testing and interpret them correctly. The management should be tailored to the clinical situation and specific patient encounter. He must follow appropriate protocol in the monitoring and further remedial measures towards patient management. | |
| Most relevant domains of competence: | MK, PC, ICS,SBP,PBL, P | |
| Competencies within each domain | MK 1.4, MK 2.4, MK 3.3 | |
| critical to entrustment decisions: | PC1.3, PC 2.3, PC 3.3, PC 4.3, PC 5.2, PC 6.2 | |
| | ICS 1.3, ICS 2.2, ICS 3.3 | |
| | SBP 1.3, SBP 2.3 | |
| | PBL 1.3, 2.1 | |
| | P 1.2, P2.2 | |

| Methods of assessment | Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multisource feedback Patient |
|-----------------------|---|
| | Nurses Health care workers |
| | Peers |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| MK 1 | Lack of Knowledge of structure and function of fetal, neonatal, pediatric | structure and function of fetal, |
| | | neonatal, pediatric anatomy, physiology and basic biochemical |
| | biochemical pathways related to health and disease | pathways related to health and disease |
| | Demonstrate normal patterns of growth and development in children | Demonstrate normal patterns of growth and development in children |
| | Demonstrate normal and abnormal nutritional states in children Fails to | Demonstrate normal and abnormal nutritional states in children Explains |
| | Explain abnormalities associated with | |
| | congenital malformations, inherited disorders and inborn errors of | congenital malformations, inherited disorders and inborn errors of |
| | metabolism. | metabolism. |
| | Fails to Explain pathophysiology of | Explains pathophysiology of |
| | infections and non - infectious | infections and non -infectious |
| | inflammation in health and disease | inflammation in health and disease |
| | Fails to Explain abnormal and | Explains abnormal and normal |
| | normal symptomatology related to | symptomatology related to disease |
| | disease manifestations | manifestations |
| | Fails to Explain pathophysiology of | Explains pathophysiology of acute |
| | acute clinical conditions and | clinical conditions and metabolic |
| | = | derangements in health and disease. |
| | diseaseFails to Correlate the | Correlates the symptoms and signs |
| | symptoms and signs with the | with the underlying pathology |
| | underlying pathology Fails to Demonstrate the ability to | Demonstrates the ability to utilize focused diagnostic approaches, |
| | | formulate comprehensive |
| | formulate comprehensive | management plans neonatal and |
| | management plans neonatal and | pediatric conditions Demonstrates |
| | pediatric conditions | knowledge about the management of |
| | Fails to Demonstrate knowledge | medical comorbidities relevant neonatal and pediatric conditions |
| | about the management of medical comorbidities relevant neonatal and | _ |
| | pediatric conditions | |

| MK 2 | Fails to demonstrate the ability to | Demonstrates the ability to formulate |
|------|---|--|
| | formulate a differential diagnosis of | a differential diagnosis of various |
| | various neonatal and pediatric | neonatal and pediatric conditions |
| | conditions | Demonstrates an understanding of |
| | Fails to demonstrate an | initial evaluation and treatment |
| | understanding of initial evaluation and | |
| | treatment options of various neonatal | pediatric conditions Demonstrates |
| | and pediatric conditions Fails to | the ability to formulate comprehensive |
| | demonstrate the ability to formulate | management plans for patients with |
| | • | common neonatal and pediatric |
| | patients with common neonatal and | conditions. |
| | pediatric conditions. | Demonstrates ability to Interprets |
| | Fails to demonstrate the ability to | tests appropriate for neonatal and |
| | Interprets tests appropriate for | pediatric conditions (Haematology, |
| | neonatal and pediatric conditions | |
| | 1 | Biochemical, Microbiology, |
| | (Haematology, Biochemical, | Radiology) |
| | Microbiology, Radiology) | Demonstrates the ability to formulate |
| | Fails to demonstrate the ability to | comprehensive management plans for |
| | formulate comprehensive | neonatal and pediatric patients with |
| | management plans for neonatal and | comorbidities |
| | pediatric patients with comorbidities | Educates residents regarding normal |
| | Fails to educate residents regarding | and abnormal neonatal and pediatric |
| | normal and abnormal neonatal and | conditions |
| | pediatric conditions | Demonstrate ability to share |
| | Fails to demonstrate ability to share | knowledge with other members of the |
| | \mathcal{E} | health care |
| | health care | |
| | Fail to recognize common | Recognise common psychosocial- |
| MK 3 | psychosocial-cultural influences on | cultural influences on children's |
| | children's health, care-seeking, care- | health, care-seeking, care-compliance, |
| | compliance, barriers and attitudes | barriers and attitudes toward care |
| | toward care. | Analyze psychosocial-cultural |
| | Unable to assess psychosocial-cultural | |
| | • | seeking, care-compliance, barriers and |
| | seeking, care-compliance, barriers and | |
| | attitudes toward care. | to improve parents' care-seeking and |
| | Occasionally analyzes psychosocial- | care- compliance attitudes toward |
| | cultural influences on | health care |
| | woman's health, care-seeking, care- | Educates residents and other health |
| | compliance, barriers and attitudes | care members regarding |
| | toward care. | novahosogial gultural influences ar |
| | | psychosocial-cultural influences on |
| | | children's health, care-seeking, |

| | Unable to prepare a plan to improve parents' care-seeking and care-compliance attitudes toward health care. Fails to educate residents and other health care members regarding psychosocial-cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care | care-compliance, barriers and attitudes toward care |
|------|---|---|
| PC 1 | knowledge of normal and abnormal symptoms and signs of disease Fails to Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Fails to Interpret test results and | Demonstrates basic knowledge of normal and abnormal symptoms and signs of disease Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Interprets test results and screens for neonatal and pediatric conditions Demonstrates a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates lower-level residents. |
| PC 2 | Fails to perform basic procedures including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. Demonstrates basic surgical principles, including use of universal precautions and aseptic technique Performs airway management and ventilator care Performs advanced Neonatal resuscitation | Performs basic procedures, including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. Demonstrates basic surgical principles, including use of universal precautions and aseptic technique Performs airway management and ventilator care Performs advanced Neonatal resuscitation |
| | | Performs PALS |
| | Performs synchronised management of common medical emergencies without supervision | Performs synchronised management of common medical emergencies without supervision |

| PC 3 | Fails to demonstrate knowledge of | Demonstrate knowledge of normal |
|------|---|--|
| | Fails to demonstrate knowledge of | Demonstrate knowledge of normal |
| | normal and abnormal range of values | and abnormal range of values in |
| | in neonatal and pediatric conditions | neonatal and pediatric conditions |
| | Fails to interpret commonly | Interpretation of commonly |
| | performed laboratory data, imaging | performed laboratory data, imaging |
| | studies. | studies. |
| | Correlating the laboratory data, | Correlating the laboratory data, |
| | imaging studies with underlying | imaging studies with underlying |
| | pathology | pathology |
| | Fails to interpret specially performed | Interpretation of specially performed |
| | laboratory data, imaging | laboratory data, imaging |
| | studies. Correlating specially | studies. Correlating specially |
| | performed laboratory data, imaging | performed laboratory data, imaging |
| | studies with underlying pathology | studies with underlying pathology |
| PC 4 | Fails to demonstrate knowledge of | Demonstrate knowledge of neonatal |
| | neonatal and pediatric emergencies | and pediatric emergencies (asthma, |
| | (asthma, seizures, sepsis, shock, | seizures, sepsis, shock, tachypnea in |
| | tachypnea in newborn, NB | newborn, NB hypoglycemia) and their |
| | 1 | |
| | | management plan. |
| | plan. Fails to recognise routine | Recognise routine screening of high |
| | screening of high risk newborns and | risk newborns and perform the |
| | perform the prescribed interventions | prescribed interventions and |
| | and investigations | investigations Demonstrates a basic |
| | Fails to demonstrates a basic | understanding of the effectiveness, |
| | understanding of the effectiveness, | risks, benefits, complications, and |
| | risks, benefits, complications, and | contraindications of common drugs |
| | contraindications of common drugs | and therapeutics in pediatrics |
| | and therapeutics in pediatrics | Performs the initial assessment, |
| | Fails to perform the initial | formulates a differential diagnosis, |
| | assessment, formulates a differential | and initiates treatment for common |
| | diagnosis, and initiates treatment for | pediatric and neonatal disorders |
| | common pediatric and neonatal | Recognise complications and |
| | disorders | formulate initial management plan. |
| | Fails to recognise complications and | Identifies an infant in need of |
| | formulate initial management plan. | advanced resuscitation. Counsels on |
| | Fails to identify an infant in need of | the effectiveness, risks and benefits of |
| | advanced resuscitation. | available forms of management option |
| | | Formulates management plans and |
| | | initiates treatment for |
| | Does not Counsels on the | uncommon situations in pediatrics. |
| | effectiveness, risks and benefits of | _ |
| | available forms of management option | Develops patient-centred management |
| | Does not formulate management | plans to maintain health and prevent |
| | plans and initiates treatment for | disease. |
| | F | |
| | uncommon situations in pediatrics. | |
| | Does not develop patient-centred | |
| | management plans to maintain health | |
| | and prevent disease. | |
| | | |
| l | 1 | 1 |

| PC 5 | Fails to demonstrate knowledge of | Demonstrates knowledge of the |
|-------|---|---|
| | the characteristics of a good screening | _ |
| | test. Fails to demonstrate | test. Demonstrates comprehensive |
| | comprehensive knowledge of the | knowledge of the common vaccines |
| | common vaccines including adverse | including adverse effects and |
| | effects and contraindications Fails to | contraindications Demonstrates |
| | | |
| | demonstrate knowledge of vaccine | knowledge of vaccine storage |
| | storage | Recommends age- and risk- |
| | Does not recommend age- and risk- | appropriate vaccinations. |
| | appropriate vaccinations. Does not | Recommends newborn screening to |
| | recommend newborn screening to | parents of neonate Demonstrates use |
| | parents of neonate Fails to | of specific screening tools for ADHD, |
| | demonstrate use of specific screening | 1 |
| | tools for ADHD, Autism, | Safely administers vaccines to |
| | Developmental delay, etc | children |
| | Fails to safely administers vaccines to | |
| | children | |
| PC 6 | Fails to identify indications for | Identifies indications for consultation, |
| | consultation, referral pediatric patients | referral pediatric patients with surgical |
| | with surgical problems or other | problems or other subspecialty related |
| | subspecialty related complications | complications Prepare necessary |
| | Does not prepare necessary relevant | relevant document for referral/transfer |
| | document for | of care for patients |
| | unformal/tunnafor of some for notice to | _ |
| TCC 1 | referral/transfer of care for patients | Domonatuatos adaquata listania a |
| ICS 1 | Dose not show adequate listening | Demonstrates adequate listening |
| | skills. Communicates | skills. |
| | ineffectively in routine clinical | Communicates effectively in routine |
| | situations | clinical situations |
| | Unable to verbalize basic knowledge | 87. 3. 3. 1 |
| | about common test/procedure. Fail to | Verbalizes basic knowledge about |
| | understand the importance of | common contraceptive options |
| | informed | Understands the importance of |
| | consent. | informed consent. Enquire for patient |
| | Enquire for patient and family | and family understanding of illness |
| | understanding of illness but do not | and Allows opportunities for patient |
| | | questions. Maintain communication |
| | allow opportunities for patient | with patient and family regarding plan |
| | questions. Fail to communication | |
| | with patient and family regarding plan | |
| | of care for hospitalized patient's | management plan Communicates |
| | management plan Communicates | effectively in stressful, emergent, and |
| | ineffectively in stressful, emergent, | complex Capable of delivering bad |
| | and complex. Incapable of delivering | news to patients and families |
| | bad news to patients and families | regarding poor prognoses |
| • | <u> </u> | |
| | regarding poor prognoses situations. | situations Communicates with |
| | <u> </u> | situations Communicates with patients and families across a broad |
| | regarding poor prognoses situations. | situations Communicates with |
| | regarding poor prognoses situations. Unable to communicate with patients | situations Communicates with patients and families across a broad |
| | regarding poor prognoses situations. Unable to communicate with patients and families across a broad range | situations Communicates with patients and families across a broad range of socio- economic and cultural |

| ICS 2 | Does not understand the importance | Understands the importance of |
|-------|--|---|
| | of relationship development, | relationship development, information |
| | information gathering and sharing, | gathering and sharing, and teamwork |
| | and teamwork Fails to demonstrate | Demonstrates an understanding of |
| | | the roles of health care team members, |
| | care team members, and | and communicates effectively within |
| | communicates effectively within the | the team Demonstrates an |
| | team | understanding of transitions of care |
| | Fails to demonstrate an | and team debriefing |
| | understanding of transitions of care | and team debriefing |
| | and team debriefing | |
| ICS 3 | Does not understand the importance | Understands the importance of |
| ICS 3 | of informed consent Does not engage | informed consent |
| | patients in shared decision making, | informed consent |
| | and obtains informed consent for | Begins to engage patients in shared |
| | basic procedures | decision making, and obtains |
| | Does not use appropriate and easy-to- | informed consent for basic procedures |
| | understand language in all phases of | Uses appropriate and easy-to- |
| | communication, utilizing an | understand language in all phases of |
| | interpreter where necessary | communication, utilizing an |
| | Fails to Engage in shared decision | interpreter where necessary Engages |
| | making, incorporating patients' and | in shared decision making, |
| | families' cultural frameworks | incorporating patients' and |
| | lamines cultural frameworks | families' cultural frameworks |
| | Fails to obtain informed consent for | Obtains informed consent for |
| | complex procedures | complex procedures |
| SBP 1 | Fails to recognize limitations and | Recognizes limitations and failures of |
| | failures of a team approach (e.g., | a team approach (e.g., hand- offs, |
| | hand-offs, miscommunication) in | miscommunication) in health care as |
| | health care as the leading cause of | the leading cause of preventable |
| | preventable patient harm | patient harm |
| | Fails to demonstrate knowledge of | Demonstrates knowledge of |
| | institutional surveillance systems to | institutional surveillance systems to |
| | monitor for patient safety (e.g., | monitor for patient safety (e.g., |
| | surgical site infection, medical error | surgical site infection, medical error |
| | reporting) Does not participate in | reporting) Participates in "time-out" |
| | "time-out" | Participates in patient safety |
| | Fails to utilize check lists to promote | reporting and analyzing systems |
| | patient safety (e.g., medication | Participates in team drills |
| | reconciliation) | Demonstrates knowledge of national |
| | Fails to demonstrate knowledge of | patient safety standards, as well as |
| | the epidemiology of medical errors | their use/application in the institution |
| | and the differences between near | |
| | misses, medical errors, and sentinel | |
| | events | |
| | Fails to Participate in patient safety | |
| | reporting and analyzing systems fails | |
| | to participate in team drills | |
| | Fails to demonstrate knowledge of | |
| L | | <u> </u> |

| | national patient safety standards, as | |
|--------|---|---|
| | well as their use/application in the | |
| | institution | |
| SBP 2 | Fails to understand the importance | Understands the importance of |
| | of providing cost-effective care Fails | providing cost-effective care |
| | to understand the role of physicians | Understands the role of physicians in |
| | in advocating for appropriate child | advocating for appropriate child |
| | health | health |
| | Not aware of common socioeconomic | Aware of common socioeconomic |
| | barriers that impact patient care Fails | barriers that impact patient care |
| | to demonstrate an awareness of the | Demonstrates an awareness of the |
| | need for coordination of patient care | need for coordination of patient care |
| | and patient advocacy | and patient advocacy |
| | Fails to demonstrate the | Demonstrates the incorporation of |
| | incorporation of cost awareness into | cost awareness into clinical judgment |
| | clinical judgment and decision making | and decision making Coordinates |
| | Fails to Coordinate and advocate for | and advocates for |
| | needed resources to facilitate patient | needed resources to facilitate patient |
| | care (e.g., effective discharge planning | care (e.g., effective discharge |
| | | Planning |
| PBLI 1 | Fails to demonstrate an | Demonstrates an understanding of |
| | understanding of critical appraisal of | critical appraisal of the literature |
| | the literature | Demonstrates responsiveness to |
| | Fails to demonstrates responsiveness | constructive feedback Identifies |
| | to constructive feedback Fails to | resources (e.g., texts, search engines) |
| | identify resources (e.g., texts, search | to answer questions while providing |
| | engines) to answer questions while | patient care |
| | providing patient care | Applies patient-appropriate evidence- |
| | Foils to apply nations appropriate | hasadinformation from noview |
| | Fails to apply patient-appropriate | based information from review |
| | evidence-based information from | articles or guidelines on common |
| | | |
| | evidence-based information from | articles or guidelines on common |
| | evidence-based information from review articles or guidelines on | articles or guidelines on common topics in practice Critically reviews |
| | evidence-based information from review articles or guidelines on common topics in practice Does not | articles or guidelines on common topics in practice Critically reviews and interprets the literature with the |
| | evidence-based information from review articles or guidelines on common topics in practice Does not Critically review and interpret the | articles or guidelines on common topics in practice Critically reviews and interprets the literature with the ability to identify study aims, |
| | evidence-based information from review articles or guidelines on common topics in practice Does not Critically review and interpret the literature with the | articles or guidelines on common topics in practice Critically reviews and interprets the literature with the ability to identify study aims, |
| PBLI 2 | evidence-based information from review articles or guidelines on common topics in practice Does not Critically review and interpret the literature with the ability to identify study aims, | articles or guidelines on common topics in practice Critically reviews and interprets the literature with the ability to identify study aims, |
| PBLI 2 | evidence-based information from review articles or guidelines on common topics in practice Does not Critically review and interpret the literature with the ability to identify study aims, hypotheses, design, and biases | articles or guidelines on common topics in practice Critically reviews and interprets the literature with the ability to identify study aims, hypotheses, design, and biases |

| P1 | Fail to understand the importance of | Understands the importance of |
|-----|--|--|
| | compassion, integrity, and respect for | compassion, integrity, and respect for |
| | others. Fail to demonstrate | others Demonstrates sensitivity and |
| | sensitivity and responsiveness to | responsiveness to patients |
| | patients. Inconsistently shows | Consistently shows compassion, |
| | compassion, integrity, and respect in | integrity, and respect in typical |
| | typical situations with patients, peers, | situations with patients, peers, and |
| | and members of the health care team | members of the health care team |
| | Inconsistently demonstrates | Consistently demonstrates |
| | sensitivity and responsiveness to | sensitivity and responsiveness to |
| | diversity of patients' ages, cultures, | diversity of patients' ages, cultures, |
| | races, religions, abilities, or sexual | races, religions, abilities, or sexual |
| | orientations. Occasionally Accepts | orientations Accepts constructive |
| | constructive feedback to | feedback to improve his or her ability |
| | improve his or her ability to | to demonstrate compassion, integrity, |
| | demonstrate compassion, integrity, | and respect for |
| | and respect for others | others |
| P 2 | Does not understand that physicians | Understands that physicians are |
| | are accountable to patients, society, | accountable to patients, society, and |
| | and the profession Acts with honesty | the profession Acts with honesty and |
| | and truthfulness | truthfulness Consistently punctual |
| | Inconsistently punctual for clinical | for clinical assignments and |
| | assignments and responsive to | responsive to requests for assistance; |
| | requests for assistance; completes | completes administrative duties (e.g., |
| | administrative duties (e.g., medical | medical records, reports) on time and |
| | records, reports) on time and without | without reminders Understands the |
| | reminders | signs and symptoms of fatigue, stress, |
| | Fails to understand the signs and | and substance abuse |
| | symptoms of fatigue, stress, | |
| | and substance abuse | |

| EPA 17: Assessing growth and nutritional status of children | | |
|---|--|--|
| 1. Description of the activity: | Residents should be able to understand that growth and nutrition are a reflection of general well-being of children. He should use acceptable tools to assess physical growth and nutritional status. He must have knowledge on the key nutritional status indicators and also on the ageappropriate anthropometric measurements to assess growth. | |
| 2. Most relevant domains of competence: | MK, PC, ICS, P | |
| 3. Competencies within each domain critical to entrustment decisions: | MK1.1, 4.2 PC 1.3 ICS 1.2, 2.2 P1.2, 2.2 | |
| 4.Methods of assessment | Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|---|
| MK 1 | .Fails to demonstrate normal patterns of growth and development in children | Demonstrate normal patterns of growth and development in children |
| | Fails to demonstrate normal and abnormal nutritional states in children | Demonstrate normal and abnormal nutritional states in children |
| MK 4 | epidemiological sciences Fails to demonstrate knowledge of the characteristics of a good screening test Fails to demonstrate knowledge of indications and limitations of commonly used screening tests Fails to apply principles to the identification of health problems. | Recall the principles of epidemiological sciences Demonstrates knowledge of the characteristics of a good screening test Demonstrates knowledge of indications and limitations of commonly used screening tests Apply principles to the identification of health problems. Demonstrates knowledge of evidence-based, age- appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) |
| PC 1 | knowledge of normal and abnormal symptoms and signs of disease. Fails to perform basic history taking and physical examination appropriate to neonatal and pediatric conditions | Demonstrates basic knowledge of normal and abnormal symptoms and signs of disease. Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions Interprets test results and screens for neonatal and pediatric conditions |
| ICS 1 | Lack adequate listening skills. Fail to verbalizes basic knowledge about common contraceptive options Does not understand the importance of informed consent Does not enquire | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common contraceptive options Understands the importance of informed consent Enquire for patient and family understanding of illness and Allows opportunities for patient questions, Maintain communication with patient and family regarding plan of care for hospitalized patients management plan. |

| ICS 2 | Fails to understand the importance of relationship development, information gathering and sharing, and teamwork Fails to demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Fails to demonstrate an understanding of transitions of care and team debriefing | Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team Demonstrates an understanding of transitions of care and team debriefing |
|-------|---|---|
| P 1 | Fail to understand the importance of compassion, integrity, and respect for others. Unable to demonstrate sensitivity and responsiveness to patients. Fail to shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team | Understands the importance of compassion, integrity, and respect for others Demonstrates sensitivity and responsiveness to patients Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team |
| | Occasionally demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Occasionally accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others | Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others |
| P 2 | Fails to understand that physicians are accountable to patients, society, and the profession Fails to Act with honesty and truthfulness | Understands that physicians are accountable to patients, society, and the profession Acts with honesty and truthfulness |

| EPA 18: Assessment of developmental status of children | | |
|--|--|--|
| 1. Description of the activity: | Residents should be able take appropriate clinical history and perform relevant examination to assess the development in children. He should use acceptable tools for developmental assessment in terms of screening, diagnosis and follow up of children with developmental delay and take remedial measures. | |
| 2. Most relevant domains of competence: | MK, PC, ICS, P | |
| 3. Competencies within each domain | MK1.1,MK 4.2 | |
| critical to entrustment decisions: | PC 5.2 | |
| | ICS1.2, ICS 2.2 | |
| | P1.2, P 2.1 | |
| 4.Methods of assessment | Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient | |
| | Nurses | |
| | Health care workers | |
| | Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| MK 1 | Fails to demonstrate normal patterns of | Demonstrate normal patterns of growth |
| | growth and development in children | and development in children |
| MK 4 | Fails to recall the principles of | Recall the principles of |
| | epidemiological sciences Fails to | epidemiological sciences |
| | demonstrate knowledge of the | Demonstrates knowledge of the |
| | characteristics of a good screening test | characteristics of a good screening test |
| | Fails to demonstrate knowledge of | Demonstrates knowledge of |
| | indications and limitations of | indications and limitations of |
| | commonly used screening test | commonly used screening test |
| | Fails to apply principles to the | Apply principles to the identification |
| | identification of health problems. Fails | of health problems. Demonstrates |
| | to demonstrate knowledge of | knowledge of evidence-based, age- |
| | evidence- based, age- appropriate | appropriate guidelines for children's |
| | guidelines for children's health | health maintenance and disease |
| | maintenance and disease prevention | prevention (e.g., newborn screening |

| PC 5 | (e.g., newborn screening program, school health program, national nutritional programs Fails to demonstrate knowledge of the characteristics of a good screening test Fails to demonstrate use of specific screening tools for ADHD, Autism, Developmental delay, etc | program, school health program, national nutritional programs Demonstrates knowledge of the characteristics of a good screening test Demonstrates use of specific screening tools for ADHD, Autism, Developmental delay, etc |
|-------|--|--|
| | | |
| ICS 1 | Fails to demonstrate adequate listening skills. Fails to communicate effectively in routine clinical situations Fails to understand the importance of informed consent Does not enquire for patient and family understanding of illness and Does not allow opportunities for patient questions , Maintain communication with patient and family regarding plan of care for hospitalized patients management plan | routine clinical situations Understands the importance of informed consent Enquire for patient |
| ICS 2 | Fails to understand the importance of relationship development, information gathering and sharing, and teamwork Fails to demonstrate an understanding of the roles of health care team members, and communicates effectively within the team | relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and |

| P 1 | Fail to understand the importance of | Understands the importance of |
|-----|--|--|
| | compassion, integrity, and respect for | compassion, integrity, and respect for |
| | others. Unable to demonstrate | others Demonstrates sensitivity and |
| | sensitivity and responsiveness to | responsiveness to patients |
| | patients | Consistently shows compassion, |
| | Inconsistently shows compassion, | integrity, and respect in typical |
| | integrity, and respect in typical | situations with patients, peers, and |
| | situations with patients, peers, and | members of the health care team |
| | members of the health care team | Consistently demonstrates sensitivity |
| | Inconsistently demonstrates | and responsiveness to diversity of |
| | sensitivity and responsiveness to | patients' ages, cultures, races, |
| | diversity of patients' ages, cultures, | religions, abilities, or sexual |
| | races, religions, abilities, or sexual | orientations |
| | orientations | Accepts constructive feedback to |
| | Doesn't accept constructive feedback | improve his or her ability to |
| | to improve his or her | demonstrate compassion, integrity, and |
| | ability to demonstrate compassion, | respect for others |
| | integrity, and respect for others | |
| P 2 | Fails to understand that physicians | Understands that physicians are |
| | are accountable to patients, society, | accountable to patients, society, and |
| | and the profession Acts with honesty | the profession Acts with honesty and |
| | and | truthfulness |
| | truthfulness | |

| EPA 19: Advising parents regarding growth and development of child | | |
|---|--|--|
| Description of the activity: This includes a brief rationale and a list of the functions required for the EPA. | Resident should be able to assess the growth and f development of a child without fallacies and effectively advise parents regarding it. Growth and development assessment are skills unique to pediatric and ability to educate parents regarding it is an essential skill every pediatric postgraduate should possess. | |
| Most relevant domains of competence: | MK, PC, ICS, SBP, P | |
| Competencies within each domain critical to entrustment decisions: | MK 1.1, MK 3.3 MK 4.3 PC1.3 ICS1.3 SBP 2.4 P 1.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient | |
| | Nurses Health care workers Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| MK 1 | Lack of Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease | Demonstrates a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease |
| | Fail to Demonstrate normal patterns of growth and development in children | Demonstrate normal patterns of growth and development in children |
| | Fails to Demonstrate normal and abnormal nutritional states in children | Demonstrate normal and abnormal nutritional states in children |
| MK 3 | | Recognise common psychosocial- cultural influences on children's health, care- seeking, care- compliance, barriers and attitudes toward care Assess psychosocial- cultural influences on children's health, care-seeking, care- compliance, barriers and attitudes toward care |
| MK 4 | | Recall the principles of epidemiological sciences Demonstrates knowledge of the characteristics of a good screening test Demonstrates knowledge of indications and limitations of commonly used screening tests Apply principles to the identification of health problems. Demonstrates knowledge of evidence-based, age- appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs Apply principles to the identification of risk factors Recommends age- and risk- appropriate vaccinations, nutritional guidance |

| PC 1 | Does not demonstrate basic | Demonstrates basic knowledge of |
|---------|--|--|
| | | normal and abnormal symptoms and |
| | symptoms and signs of disease. | signs of disease. Perform basic |
| | Does not perform basic history | history taking and physical |
| | taking and physical examination | examination appropriate to neonatal |
| | | and pediatric conditions. |
| | | Interprets test results and screens for |
| | _ | neonatal and pediatric conditions |
| | pediatric conditions | 1 |
| ICS 1.3 | Fails to demonstrate adequate | Demonstrates adequate listening |
| | listening skills. | skills. |
| | | Communicates effectively in routine |
| | Does not communicate effectively in | clinical situations Verbalizes basic |
| | routine clinical situations | knowledge about common vaccines |
| | rails to verbalize basic knowledge | Understands the importance of |
| | about common vaccines. Does not | informed consent |
| | understand the importance of | Enquire for patient and family |
| | informed consent Does not enquire | understanding of illness and |
| | for patient and family understanding | Allows opportunities for patient |
| | of illness and does not allow | questions, Maintain communication |
| | opportunities for patient questions | with patient and family regarding |
| | , Does not maintain communication | plan of care for hospitalized patients |
| | with patient and family regarding plan | management plan |
| | of care for hospitalized patients | |
| SBP 2.4 | management plan | Understands the importance of |
| SDP 2.4 | Does not understand the importance | - |
| | of providing cost- effective care Does not understand the role of | Understands the role of physicians in |
| | physicians in advocating for | advocating for appropriate child |
| | F | health. |
| | Is not aware of common | Aware of common socioeconomic |
| | | barriers that impact patient care |
| | _ | Demonstrates an awareness of the |
| | f · | need for coordination of patient care |
| | | and patient advocacy. |
| | = | Demonstrates the incorporation of |
| | Fails to demonstrate the | cost awareness into clinical judgment |
| | | and decision making Coordinates |
| | | and advocates for needed resources |
| | making Does not coordinate and | to facilitate patient care (e.g., |
| | advocate for needed resources to | effective discharge planning). |
| | | Practices cost-effective care |
| | racintate patient care (c.g., chective | ractices cost-critective care |

discharge planning).

Does not practice cost-effective care (e.g., formulary drugs, generic drugs, tailoring of diagnostic tests). Fails to **analyze**patient care options from a quality of life (QOL)/cost- of-care perspective, and includes in patient counselling.

Does not communicate effectively within his or her own hospital/clinic to advocate for patient needs.

(e.g., formulary drugs, generic drugs, tailoring of diagnostic tests) Analyzes patient care options from a quality of life (QOL)/cost-of-care perspective, and includes in patient counseling **Communicates** effectively within his or her own hospital/clinic to advocate for patient needs.

P 1.3

Does not understand the importance **Understands** the importance of of compassion, integrity, and respect for others.

Fails to demonstrate sensitivity and responsiveness to patients.

Does not consistently show compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Fails to consistently demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations.

Fails to accept constructive feedback improve his or her ability to to improve his or her ability to demonstrate compassion, integrity, demonstrate compassion, integrity, and respect for others Consistently and respect for others

Occasionally shows compassion, integrity, and respect for patients who medical advice or request undecline medical advice or request un- indicated tests or treatments, for indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high in circumstances of conflict or high stress

Fails to **Modify** one's own behaviour her ability to demonstrate ability demonstrate others. compassion, integrity, and respect for others

compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients.

Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team.

Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations

Accepts constructive feedback to shows compassion, integrity, and respect for patients who decline patients who have psychiatric comorbidities, and for team members stress **Modifies** one's own behaviour based on feedback to improve his or

based on feedback to improve his or compassion, integrity, and respect for

| EPA 20: Attending delivery of newborn and Breastfeeding counselling | | |
|---|--|--|
| Description of the activity: This includes a brief rationale and a list of the functions required for the EPA. | Resident should have the knowledge of neonatal resuscitation and should be able to provide basic neonatal resuscitation in uncomplicated case and assist the consultant effectively during complicated case. He should be able to identify high risk delivery and ask for help. He should be able to effectively counsel the mother regarding breastfeeding. | |
| Most relevant domains of competence: | MK, PC, ICS,SBP,PBLI, P | |
| Competencies within each domain critical to entrustment decisions: | MK 5.3 PC 2.2 ICS1.3, 2.2,3.3 SBP 1.3 PBLI 2.3 P1.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|---|
| MK 5 | neonatal resuscitation. Fails to explain common abnormal neonatal conditions. Fails to Explain the principle of neonatal resuscitation in normal condition Fails to suggest the treatment strategies for abnormal neonatal conditions | normal neonatal conditions. Recall the steps associated with neonatal resuscitation. |

| PC 2 | Does not perform basic procedures, including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. Fails to demonstrate basic surgical principles, including use of universal precautions and aseptic technique Does not perform airway management and ventilator care Does not perform advanced Neonatal resuscitation Fails to perform PALS | Performs basic procedures, including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. Demonstrates basic surgical principles, including use of universal precautions and aseptic ttechnique Performs airway management and ventilator care Performs advanced Neonatal resuscitation Performs PALS |
|---------|--|---|
| ICS 1.3 | Fails to demonstrate adequate listening skills. Does not communicate effectively in routine clinical situations Fails to verbalize basic knowledge about common vaccines. Does not understand the importance of informed consent Does not enquire for patient and family understanding of illness and does not allow opportunities for patient questions, Does not maintain communication with patient and family regarding plan of care for hospitalized patients management plan | Demonstrates adequate listening skills. Communicates effectively in routine clinical situations Verbalizes basic knowledge about common vaccines Understands the importance of informed consent Enquire for patient and family understanding of illness and |
| ICS 2.2 | Does not understand the importance of relationship development, information gathering and sharing, and teamwork. Fails to demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Fails to demonstrate an understanding of transitions of care and team debriefing. | Understands the importance of relationship development, information gathering and sharing, and teamwork. Demonstrates an understanding |

| ICS 3.3 | Does not understand the importance | Understands the importance of |
|-----------|---|---|
| 103 3.3 | of informed consent. | informed consent. |
| | of informed consent. | Begins to engage patients in |
| | Does not engage patients in shared | shared decision making, and |
| | decision making, and obtains informed | obtains informed consent for basic |
| | consent for basic procedures. | procedures. |
| | Does not use appropriate and easy-to- | Uses appropriate and easy-to- |
| | understand language in all phases of | understand language in all phases |
| | communication, utilizing an interpreter | of communication, utilizing an |
| | where necessary. Does not engage in | interpreter where necessary |
| | shared decision making, incorporating | Engages in shared decision |
| | patients' and families' cultural | making, |
| | frameworks | C , |
| | Does not obtain informed consent for | incorporating patients' and families' cultural frameworks |
| | complex procedures. | Obtains informed consent for |
| | | |
| SBP 1.3 | Unable to recognizes limitations and | complex procedures. |
| SDF 1.5 | 9 | Recognizes limitations and |
| | failures of a team approach (e.g., hand- | |
| | offs, miscommunication) in health care | |
| | as the leading cause of preventable | health care as the leading cause of |
| | patient harm. Lack knowledge of | preventable patient harm. |
| | institutional surveillance systems to | Demonstrates knowledge of |
| | monitor for patient safety (e.g., | institutional surveillance systems |
| | surgical site infection, medical error | to monitor for patient safety (e.g., |
| | reporting). | surgical site infection, medical |
| | Occasionally participates in "time- out". Does not utilize check lists to | error reporting) Participates in "time-out. Utilizes check lists to |
| | promote patient safety (e.g., | promote patient safety (e.g., |
| | F 1 | medication reconciliation) |
| | medication reconciliation) Lack | |
| | knowledge of the epidemiology of medical errors and the differences | Demonstrates knowledge of the |
| | | epidemiology of medical errors |
| | between near misses, medical errors, and sentinel events. Occasionally | and the differences between near |
| | | misses, medical errors, and |
| | | sentinel events. Participates in |
| | and analyzing systems. Occasionally | patient safety reporting and |
| | participates in team drills. | analyzing systems Participates in team drills Demonstrates |
| | Lack knowledge of national patient | |
| | safety standards, as well as their | knowledge of national patient safety standards, as well as their |
| | use/application in the institution | |
| DDI I 2 2 | Does not show commitment to self- | use/application in the institution Shows commitment to self- |
| PBLI 2.3 | | |
| | evaluation, lifelong learning, and | evaluation, lifelong learning, and |
| | patient safety | patient safety Demonstrates |
| | Fails to demonstrate understanding | understanding of the basic |
| | of the basic concepts of QI | concepts of QI Reads appropriate |
| | Fails to Read appropriate information, | |

program or related to patient-specific information, as assigned by the topics program or related to patient-Does not **understand** level of evidence specific topics **Understands** level for patient care recommendations **Fails** of evidence for patient care to Reference and utilize national recommendations standards or guidelines in patient care **References** and utilizes national standards or guidelines in patient plans. Does not **Identify** quality of care care plans. issues within one's own practice with a **Identifies** quality of care issues systems- based approach within one's own practice with a systems- based approach P 1.3 **Does not understand** the importance **Understands** the importance of of compassion, integrity, and respect compassion, integrity, and respect for others. for others **Demonstrates** sensitivity and responsiveness to Fails to demonstrate sensitivity and patients. responsiveness to patients. **Does not** consistently show compassion, Consistently shows compassion, integrity, and respect in typical integrity, and respect in typical situations with patients, peers, and situations with patients, peers, and members of the health care team. members of the health care team. Fails to consistently demonstrate **Consistently demonstrates** sensitivity and responsiveness to sensitivity and responsiveness to diversity of patients' ages, cultures, diversity of patients' ages, races, religions, abilities, or sexual cultures, races, religions, abilities, orientations. or sexual orientations **Accepts Fails to accept** constructive feedback constructive feedback to improve to improve his or her ability to his or her ability to demonstrate demonstrate compassion, integrity, and compassion, integrity, and respect respect for others for others. Fails to Consistently show Consistently shows compassion, compassion, integrity, and respect for integrity, patients who decline medical advice or and respect for patients who request un-indicated tests or decline treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of

conflict or high stress

| EPA 21: Resuscitation of a sick newborn | | |
|--|--|--|
| Description of the activity: This | Residents should be able to promptly recognize a | |
| includes a brief rationale and a list of | neonate who requires urgent or emergent care, | |
| the functions required for the EPA. | initiate steps of resuscitation and management, and | |
| | seek help is essential. New residents in particular | |
| | are often among the first responders in an acute | |
| | care setting, or the first to receive notification of an | |
| | abnormal lab or deterioration in a patient's status. | |
| | Early recognition and intervention provides the | |
| | greatest chance for optimal outcomes in patient | |
| | care. This EPA often calls for simultaneously | |
| | recognizing need and initiating a call for | |
| | assistance. | |
| Most relevant domains of | | |
| competence: | MK, PC, ICS, P | |
| Competencies within each domain | MK 1.3, MK 2.3, MK 5.4 | |
| critical to entrustment decisions: | PC1.3, 2.3,3.4, 4.3 | |
| | ICS1.3, 2.2 | |
| | PBLI 2.3 P1.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE | |
| | Workplace assessment by Faculty Multisource | |
| | feedback | |
| | Patient | |
| | Nurses | |
| | Health care workers | |
| | Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|---|
| MK 1 | | Demonstrates a Knowledge of |
| | function of fetal, neonatal, pediatric anatomy, physiology and basic | structure and function of fetal, neonatal, pediatric anatomy, |
| | | physiology and basic biochemical |
| | health and disease | pathways related to health and disease |
| | Fail to Demonstrate normal patterns of growth and development in children | Demonstrate normal patterns of growth and development in children |
| | e.m.crem | Demonstrate normal and abnormal |
| | Fails to Demonstrate normal and abnormal nutritional states in children | nutritional states in children Explains |
| | Fails to Explain abnormalities | congenital malformations, inherited |
| | associated with congenital | disorders and inborn errors of |
| | malformations, inherited disorders and | metabolism. |
| | inborn errors of metabolism. | 1 1 5 05 |
| | | infections and non -infectious |

| | 1 | : |
|------|--|---|
| | | inflammation in health and disease |
| | Fails to Explain pathophysiology of infections and non - infectious inflammation in health and disease Fails to Explain abnormal and normal symptomatology related to disease manifestations Fails to Explain pathophysiology of acute clinical conditions and metabolic derangements in health and disease Fails to Correlate the symptoms and signs with the underlying pathology Fails to Demonstrate the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Fails to Demonstrate knowledge about the management of medical comorbidities relevant neonatal and | Explains abnormal and normal symptomatology related to disease manifestations Explains pathophysiology of acute clinical conditions and metabolic derangements in health and disease. Correlates the symptoms and signs with the underlying pathology Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Demonstrates knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions |
| | pediatric | |
| MIZO | conditions | Decree Action 1 122 / C 1 / |
| MK 2 | treatment options various neonatal and | Demonstrates the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) Demonstrates an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) Demonstrates the ability to formulate comprehensive management |
| | appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with comorbidities(Ref.to MK 1 L2) | plans for patients with comorbidities(Ref.to MK 1 L2) Demonstrate ability to share knowledge with other members of the health care. |

| | Fails to Demonstrate ability to share knowledge with other members of the health care. | |
|------|---|--|
| MK 5 | Fails to demonstrate knowledge of normal neonatal conditions. | Demonstrate knowledge of normal neonatal conditions. |
| | | Recall the steps associated with neonatal resuscitation. |
| | Does not recall the steps associated with neonatal resuscitation. | Explain common abnormal neonatal conditions. |
| | | Explain the principle of neonatal resuscitation in normal condition |
| | Fails to explain common abnormal neonatal conditions. | Suggest the treatment strategies for abnormal neonatal conditions |
| | Fails to Explain the principle of neonatal resuscitation in normal | Analyse the appropriate neonatal resuscitation in special situations. |
| | condition | Plan the treatment strategies for abnormal neonatal conditions |
| | Fails to suggest the treatment strategies for abnormal neonatal conditions | |
| | Not able to Analyse the appropriate neonatal resuscitation in special situations. | |
| | Fails to plan the treatment strategies for abnormal neonatal conditions | |
| PC 1 | Does not demonstrate basic knowledge of normal and abnormal symptoms and signs of disease. Does not perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Does not interpret test results and screens for neonatal and pediatric conditions | Demonstrates basic knowledge of normal and abnormal symptoms and signs of disease. Perform basic history taking and physical examination appropriate to neonatal and pediatric conditions. Interprets test results and screens for neonatal and pediatric conditions |

| DC 2 | D 4 C 1 : 1 : | D |
|------|--|--|
| PC 2 | Does not perform basic procedures, | Performs basic procedures, including |
| | including peripheral venous | peripheral venous cannulation, lumbar |
| | cannulation, lumbar puncture, and | puncture, and basic neonatal |
| | basic neonatal resuscitation. | resuscitation. Demonstrates basic |
| | Fails to demonstrate basic surgical | surgical principles, including use of |
| | principles, including use of universal | universal precautions and aseptic |
| | precautions and aseptic technique | technique |
| | Does not perform airway | Performs airway management and |
| | management and ventilator care | ventilator care Performs |
| | Does not perform advanced Neonatal | advanced Neonatal resuscitation |
| | resuscitation | Performs PALS |
| | Fails to perform PALS | Performs synchronised management |
| | Fails to perform synchronised | of common medical emergencies |
| | management of common medical | without supervision |
| | emergencies without supervision | without supervision |
| PC 3 | Fails to demonstrate knowledge of | Demonstrate knowledge of normal |
| | normal and abnormal range of values | and abnormal range of values in |
| | in neonatal and pediatric conditions. | neonatal and pediatric conditions. |
| | Does not interpret commonly | Interpretation of commonly |
| | performed laboratory data, imaging | performed laboratory data, imaging |
| | studies Does not correlate the | studies. Correlating the laboratory |
| | laboratory data, imaging studies with | data, imaging studies with underlying |
| | underlying pathology. | pathology. |
| | Does not interpret of specially | Interpretation of specially performed |
| | performed laboratory data, imaging | laboratory data, imaging studies. |
| | studies. Correlating specially | Correlating specially performed |
| | performed laboratory | laboratory data, imaging |
| | data, imaging studies with underlying | studies with underlying pathology. |
| | pathology. | |
| | Fails to formulate management plans | Formulates management plans and |
| | _ = | |
| | and initiates treatment for neonatal and pediatric conditions. | initiates treatment for neonatal and pediatric conditions. |

| PC 4 | Does not demonstrate knowledge of | Demonstrate knowledge of neonatal |
|---------|--|--|
| | neonatal and pediatric emergencies | and pediatric emergencies (asthma, |
| | (asthma, seizures, sepsis, shock, | seizures, sepsis, shock, tachypnea in |
| | tachypnea in new born, NB | new born, NB hypoglycaemia) and |
| | hypoglycaemia) and their | their management plan. |
| | management plan. Does not | Demonstrates a basic understanding |
| | demonstrate a basic understanding of | of the effectiveness, risks, benefits, |
| | the effectiveness, risks, benefits, | complications, and contraindications |
| | complications, and contraindications | of common drugs and therapeutics in |
| | of common drugs and therapeutics in | pediatrics. |
| | pediatrics. | Performs the initial assessment, |
| | Does not perform the initial | formulates a differential diagnosis, |
| | assessment, formulates a differential | and initiates treatment for common |
| | diagnosis, and initiates treatment for | pediatric and neonatal disorders |
| | common pediatric and neonatal | Recognise complications and |
| | disorders. | formulate initial management plan. |
| | Fails to recognise complications and | Counsels on the effectiveness, risks |
| | formulate initial management plan. | and benefits of available forms of |
| | Fails to counsel on the effectiveness, | management option. |
| | risks and benefits of available forms | Formulates management plans and |
| | of management option. Does not | initiates treatment for uncommon |
| | formulate management plans and | situations in pediatrics. |
| | initiates treatment for uncommon | Develops patient-centred management |
| | situations in pediatrics. | plans to maintain health and prevent |
| | Fails to develop patient-centred | disease. |
| | management plans to maintain health | |
| | and prevent disease. | |
| ICS 1.3 | Fails to demonstrate adequate | Demonstrates adequate listening |
| | listening skills. | skills. Communicates effectively in |
| | | routine clinical situations Verbalizes |
| | Does not communicate effectively in | basic knowledge about common |
| | routine clinical situations | vaccines Understands the importance |
| | Fails to verbalize basic knowledge | of informed consent |
| | about common vaccines. Does not | Enquire for patient and family |
| | understand the importance of | understanding of illness and |
| | informed | |
| | consent | Allows opportunities for patient |
| | | questions, |

| | family understanding of illness and does not allow opportunities for patient questions, Does not maintain communication with patient and family regarding plan of care for hospitalized patients management plan Fails to communicate effectively in stressful, emergent, and complex | Communicates effectively in stressful, emergent, and complex Capable of delivering bad news to patients and families regarding poor prognoses situations Communicates with patients and families across a broad range of socio- economic and |
|---------|---|---|
| ICS 2.2 | information gathering and sharing, and teamwork. Fails to demonstrate an understanding of the roles of health care team members, and communicates effectively within the | Understands the importance of relationship development, information gathering and sharing, and teamwork. Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team Demonstrates an understanding of transitions of care and team debriefing. |
| | Does not show commitment to self- evaluation, lifelong learning, and patient safety Fails to demonstrate understanding of the basic concepts of QI Fails to Read appropriate information, not understand level of evidence for patient care recommendations Fails to Reference and utilize national standards or guidelines in patient care plans. Does not Identify quality of care issues within one's own practice with a systems- based | Shows commitment to self- evaluation, lifelong learning, and patient safety Demonstrates understanding of the basic concepts of QI Reads appropriate information, as assigned by the program or related to patient-specific topics Understands level of evidence for patient care recommendations References and utilizes national standards or guidelines in patient care plans. Identifies quality of care issues within one's own practice with a systems-based approach |

P 1.3

Does not understand the importance of compassion, integrity, and respect for others.

Fails to demonstrate sensitivity and responsiveness to patients.

Does not consistently show compassion, integrity, and respect in

typical situations with patients, peers, and members of the health care team.

Fails to consistently demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations.

Fails to accept constructive feedbackto demonstrate compassion, integrity, to improve his or her ability toland respect for others. demonstrate compassion, and respect for others

Fails to Consistently show

compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

Fails to modify one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Fails to modify one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, **Modifies** one's own behaviour based integrity, and respect for others

Understands the importance of compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients.

Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team.

Consistently demonstrates

sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability

integrity, Consistently shows compassion, integrity, and respect for patients who decline medical advice or request unindicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

> **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

on feedback to improve his or her ability to

demonstrate compassion, integrity, and respect for others

| EPA 22: Assesment and Management plan of common neonatal problems | | |
|---|--|--|
| Description of the activity: This included a | Residents should be able to differentiate from | |
| brief rationale and a list of the functions | normal conditions with abnormal | |
| required for the EPA. | presentation. Recognising limits and asking | |
| | for help at appropriate time. Residents should | |
| | effectively manage and assess the level of | |
| | severity, giving reassurance, explaining | |
| | danger signs and symptoms and to explain | |
| | the possible management to mother and other | |
| | family members. | |
| Most relevant domains of competence: | MK, PC, ICS, SBP,PBLI | |
| Competencies within each domain critical | MK1.2, 1.3,1.4 | |
| to entrustment decisions: | PC2.2,2.3,2.4,3.2,3.3,3.4,4.2,4.3 ICS1.3 | |
| | SBP1.3,2.3 PBLI2.3 | |
| | | |
| Methods of assessment | Periodic written exam (Every 6 months) | |
| | Mini-cex | |
| | Workplace assessment by Faculty | |
| | Multisource feedback | |
| | Patient | |
| | Nurses | |
| | Health care workers | |
| | Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| | abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Could not able to Explain pathophysiology of infections and non-infectious inflammation in health and disease Fails to explain abnormal and normal symptomatology related to disease manifestations | Explain abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Explain pathophysiology of infections and non -infectious inflammation in health and disease Explain abnormal and normal symptomatology related to disease manifestations Explain pathophysiology of acute clinical conditions and metabolic derangements in health and disease |

| MK 3 | Unable to Explain absence like | Evoloin obnovnolitica consisted |
|--------|---|--|
| IVIK 3 | Unable to Explain abnormalities | Explain abnormalities associated |
| | associated with congenital | with congenital malformations, |
| | malformations, inherited disorders | inherited disorders and inborn errors |
| | and inborn errors of metabolism. | of metabolism. |
| | Unable to Explain pathophysiology | Explain pathophysiology of |
| | of infections and non | infections and non -infectious |
| | -infectious inflammation in health | inflammation in health and disease |
| | and disease | Explain abnormal and normal |
| | Unable to Explain abnormal and | symptomatology related to disease |
| | normal symptomatology related to | manifestations |
| | disease manifestations | Explain pathophysiology of acute |
| | Unable to Explain pathophysiology | clinical conditions and metabolic |
| | of acute clinical | derangements in health and disease |
| | conditions and metabolic | |
| | derangements in health and disease | |
| PC 1 | Fails to Perform basic history taking | Perform basic history taking and |
| | and physical examination | physical examination appropriate to |
| | appropriate to neonatal and pediatric | |
| | conditions. | Interprets test results and screens |
| | Does not Interprets test results and | for neonatal and pediatric conditions |
| | screens for neonatal and pediatric | романия романия |
| | conditions | Demonstrates a comprehensive |
| | Umable to Demonstrates a | understanding of the varying |
| | | patterns of neonatal and pediatric |
| | varying patterns of neonatal and | conditions. Effectively supervises and |
| | pediatric conditions. Effectively | educates lower-level residents. |
| | supervises and educates lower-level | cudeates lower level residents. |
| | residents. diatric conditions | |
| PC2 | Fails to Performs airway | Performs airway management and |
| | management and ventilator care | ventilator care Performs advanced |
| | Performs advanced Neonatal | Neonatal resuscitation Performs |
| | resuscitation | PALS |
| | Fails to Performs NALS | Performs synchronised management |
| | | of common medical emergencies |
| | management of common medical | |
| | emergencies without supervision | educates lower level residents. |
| | Does not Supervises and educates | |
| | _ | consultation to other members of the |
| | | health care team |
| | • | |
| | consultation to other members of the | |
| DC2 | health care team | Tratores mototics: of our sign |
| PC3 | Could able to Interpret of specially | Interpretation of specially |
| | performed laboratory data, imaging | performed laboratory data, imaging |
| | studies . Correlating specially | studies . Correlating specially |
| | performed laboratory data, imaging | performed laboratory data, imaging |
| | studies with underlying pathology ta, | studies with underlying pathology |
| | imaging studies with underlying | |

| | pathology | |
|-------|--|---|
| PC4 | Does not Performs the initial | Performs the initial assessment, |
| | assessment, formulates a differential | formulates a differential diagnosis, |
| | diagnosis, and initiates treatment for | and initiates treatment for common |
| | common | pediatric and |
| | pediatric and neonatal | neonatal disorders Recognise |
| | disorder.Could not able to | complications and formulate |
| | Recognise complications and | initial management plan. Identifies |
| | formulate initial management plan. | an infant in need of advanced |
| | Fails to Identifies an infant in need | resuscitation. Counsels on the |
| | of advanced resuscitation. Counsels | effectiveness, risks and benefits of |
| | on the effectiveness, risks and | available forms of management |
| | benefits of available forms of | option. |
| | management option. | · |
| | Formulates management plans and | Formulates management plans and |
| | initiates treatment for uncommon | initiates treatment for uncommon |
| | situations in pediatrics. | situations in pediatrics. |
| | Develops patient-centred | Develops patient-centred |
| | management plans to maintain | management plans to maintain |
| | health and prevent disease. | health and prevent disease. |
| ICS1 | Failsto Communicates effectively in | Communicates effectively in |
| | stressful, emergent, and complex | stressful, emergent, and complex |
| | Capable of delivering bad news to | Capable of delivering bad news to |
| | patients and families regarding poor | patients and families regarding poor |
| | prognoses situations Fails to | prognoses situations Communicates |
| | Communicates with patients and | with patients and families across a |
| | families across a broad | broad range of socio- |
| | range of socio- economic and cultural | economic and cultural backgrounds |
| | backgrounds | |
| SBP1 | Does not Participates in patient | Participates in patient safety |
| | safety reporting and analyzing | reporting and analyzing systems |
| | systems Participates in team drills | Participates in team drills |
| | facilitate patient care (e.g., effective | (e.g., effective discharge planning) |
| | discharge planning) | |
| PBLI2 | Unable to References and utilizes | References and utilizes national |
| | national standards or guidelines in | standards or guidelines in patient |
| | patient care plans. | care plans. Identifies quality of care |
| | Identifies quality of care | issues within one's own practice with |
| | issues within one's own practice with | · · |
| | a systems- based approach | · · |

| EPA 23:Counsellingthe mother of a neonate getting discharged | | |
|---|---|--|
| Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Residents should able counsel the mother in such manner that she should understands normal condition of the baby, when she should seek medical advice from health care profession. Danger signs and symptoms has to been explained in their own language, for appropriate time management | |
| Most relevant domains of competence: | MK, PC, ICS, PBLI | |
| Competencies within each domain critical to entrustment decisions: | MK1.3,2.4,3.3,3.4 PC 1.1,1.3,4.2,6.3 ICS 1.2,1.3,2.3 PBLI2.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) Minicex Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | |

| | Could not able to Explain abnormalities associated with congenital malformations, inherited | Explain abnormalities associated |
|-----|---|--|
| | | with concenital malformations |
| , | congenital malformations inharited | with congenital malformations, |
| | congenital manormations, innertieu | inherited |
| | disorders and inborn errors of | disorders and inborn errors of |
| | metabolism. | metabolism. |
| | Could not Explain pathophysiology | Explain pathophysiology of |
| | of infections and non -infectious | infections and non -infectious |
| | inflammation in health and disease | inflammation in health and disease |
| | Does not able to explain abnormal | initamination in hearth and disease |
| | , - | Explain abnormal and normal |
| | to disease manifestations Does not | symptomatology related to disease |
| | able to explain | manifestations Explain |
| l i | pathophysiology of acute clinical | pathophysiology of acute clinical |
| | conditions and metabolic | conditions and metabolic |
| | derangements in health and disease | derangements in health and disease |
| | Demonstrates the ability to | Demonstrates the ability to |
| | Interprets tests appropriate for | Interprets tests appropriate for |
| | neonatal and pediatric conditions | neonatal and pediatric conditions |
| MK2 | | Educates residents regarding normal |
| | normal and abnormal neonatal and | and abnormal neonatal and pediatric |
| | pediatric conditions Could not able | conditions |
| | to demonstrate ability to share | Demonstrate ability to share |
| | knowledge with | knowledge with other members of the |
| | other members of the health care. | health care. |
| MK3 | Unable to analyse psychosocial- | Analyse psychosocial-cultural |
| | cultural influences on children's | influences on children's health, care- |
| | health, care-seeking, care- | seeking, care-compliance, barriers |
| | compliance, barriers and attitudes | and attitudes toward care Prepare a |
| | toward care Prepare a plan to | plan to improve parents' care-seeking |
| | improve parents' care-seeking and | and care-compliance attitudes toward |
| | care-compliance attitudes toward | health care. Educates residents and |
| | health care. | other health care members regarding |
| | Fails to educates residents and other | psychosocial- cultural influences on |
| | health care members regarding | children's health, care-seeking, care- |
| | psychosocial-cultural influences on | compliance, barriers and attitudes |
| l i | children's health, care-seeking, care- | toward care |
| | compliance, barriers and attitudes | |
| | toward care | |
| | | Demonstrates basic knowledge of |
| | | normal and abnormal symptoms and |
| | symptoms and signs of disease | signs of disease |
| | • • | Interprets test results and screens for |
| | neonatal and pediatric conditions | neonatal and pediatric conditions |
| | | Performs the initial assessment, |
| | | formulates a differential diagnosis, |
| | differential diagnosis, and initiates | and initiates treatment for common |

| | treatment for common pediatric and | pediatric and neonatal disorders |
|------|--|--|
| | neonatal disorders | Recognise complications and |
| | | formulate initial management plan. |
| | | Identifies an infant in need of |
| | Identifies an infant in need of | advanced resuscitation. Counsels on |
| | | the effectiveness, risks and benefits |
| | Counsels on the effectiveness, risks | of available forms of management |
| | and benefits of available | option. |
| | forms of management option. | option. |
| PC6 | Fails to understand a multi- | Uses a multi-disciplinary approach |
| 1 00 | | and makes appropriate referrals |
| | disciplinary approach and makes | and makes appropriate referrals |
| ICS1 | appropriate referrals | Enquire for noticet and family |
| icsi | | Enquire for patient and family |
| | family understanding of illness and | understanding of illness and Allows |
| | 1 1 | opportunities for patient questions, |
| | questions, Maintain communication | |
| | | patient and family regarding plan of |
| | plan of care for hospitalized patients | care for hospitalized patients |
| | - | management plan Communicates |
| | • | effectively in stressful, emergent, and |
| | complex Capable of delivering bad | complex Capable of delivering bad |
| | | news to patients and families |
| | regarding poor prognoses | regarding poor prognoses |
| | situations Communicates with | situations Communicates with |
| | patients and families across a broad | patients and families across a broad |
| | range of socio- economic | range of socio- economic and cultural |
| | and cultural backgrounds | backgrounds |
| ICS2 | Does not works effectively in | Works effectively in |
| | interprofessional and | interprofessional and |
| | interdisciplinary health care teams | interdisciplinary health care teams |
| | Participates in effective transitions | Participates in effective transitions |
| | of care and team debriefing | of care and team debriefing |
| | Communicates effectively with | Communicates effectively with |
| | physicians and other health care | physicians and other health care |
| | professionals regarding patient | professionals regarding patient care |
| | care | |
| PBLI | Could able to References and | References and utilizes national |
| | utilizes national standards or | standards or guidelines in patient care |
| | guidelines in patient care plans. | plans. Identifies quality of care |
| | Identifies quality of care issues | issues within one's own practice with |
| | within one's own practice with a | a systems- based approach |
| | systems- based approach | |
| | pysterin cases approach | |

| EPA24 : Counselling the parents of a sick child | | |
|---|---|--|
| Description of the activity: This includes a brief rationale and a list of the functions required for the EPA. | Residents should be able to promptly counsel the parents about the child's exact health status in their own language possible. They should be able to counsel them frequently to sensitize the parents regarding the child's status in case the child is deteriorating. | |
| Most relevant domains of competence: | MK, PC, ICS, PBLI, P | |
| Competencies within each domain critical to entrustment decisions: | MK 1.3, MK 2.3 PC1.3, 6.3 ICS1.3 PBLI 2.3 P1.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| MK 1 | function of neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease Fail to Demonstrate normal | Demonstrates a Knowledge of structure and function of neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease Demonstrates normal patterns of growth and development in children |
| | utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and | Explains abnormal and normal symptomatology related to disease manifestations Explains pathophysiology of acute clinical conditions and metabolic derangements in health and disease Correlates the symptoms and signs with the underlying pathology Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Demonstrates knowledge about the management of medical comorbidities relevant neonatal and |
| | Fails to Demonstrate knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions | pediatric conditions |
| MK 2 | l = = = = = = = = = = = = = = = = = = = | Demonstrates the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) Demonstrates an understanding of initial evaluation and treatment options various neonatal and pediatric |

| | neonatal and pediatric | conditions.(Ref.to MK 1 L2) |
|--------|---|--|
| | conditions.(Ref.to MK 1 L2) | Demonstrates the ability to formulate |
| | Fails to Demonstrate the ability to | comprehensive management plans for |
| | formulate comprehensive | patients with common neonatal and |
| | management plans for patients with | pediatric conditions.(Ref.to MK 1 L2) |
| | common neonatal and pediatric | Demonstrates the ability to Interprets |
| | conditions.(Ref.to MK 1 L2) | tests appropriate for neonatal and |
| | Fails to Demonstrate the ability to | pediatric conditions.(Ref.to MK 1 L2) |
| | Interprets tests appropriate for | (Haematology, Biochemical, |
| | neonatal and pediatric | Microbiology, Radiology) |
| | conditions.(Ref.to MK 1 L2) | Demonstrates the ability to formulate |
| | (Haematology, Biochemical, | comprehensive management plans for |
| | Microbiology, Radiology) | patients with comorbidities(Ref.to |
| | Fails to Demonstrate the ability to | MK 1 L2) |
| | formulate comprehensive | Demonstrate ability to share |
| | management plans for patients with | knowledge with other members of the |
| | comorbidities(Ref.to MK 1 L2) | health care. |
| | | |
| | Fails to Demonstrate ability to | |
| | share knowledge with other | |
| | members of the health care. | |
| PC 1 | Does not demonstrate basic | Demonstrates basic knowledge of |
| PC I | | _ |
| | knowledge of normal and abnormal | normal and abnormal symptoms and signs of disease. |
| | symptoms and signs of disease. | |
| | Does not perform basic history | Perform basic history taking and |
| | taking and physical examination | physical examination appropriate to |
| | appropriate to neonatal and pediatric conditions. | neonatal and pediatric conditions. |
| | | Interprets test results and screens for |
| | Does not interpret test results and | neonatal and pediatric conditions |
| | screens for neonatal and pediatric conditions | |
| PC 6 | | Identifies indications for |
| PCO | Does not identify indications for | |
| | consultation, referral of | consultation, referral of pediatric |
| | pediatricpatients with surgical | patients with surgical problems or |
| | problems or other subspecialty | other subspecialty related |
| | related complications | complications |
| | | Prepare necessary relevant document |
| | document for referral/transfer of care | |
| | for patients | patients |
| | Dose not use a multi-disciplinary | Uses a multi-disciplinary approach |
| | approach and makes appropriate referral. | and makes appropriate referrals |
| ICS1.3 | | Domonstrates adequate listening |
| 1031.3 | Fails to demonstrate adequate | Demonstrates adequate listening |
| | listening skills. | skills. Communicates effectively in routine clinical situations |
| | Does not communicate effectively | |
| | in routine clinical situations | Verbalizes basic knowledge about common vaccines |
| | Fails to varbaliza basis Imageled as | |
| | Fails to verbalize basic knowledge | Understands the importance of |
| | about common vaccines. | informed consent Enquire for patient |

and family understanding of illness **Does not understand** the and **Allows** opportunities for patient importance of informed consent questions Maintain communication with **Does not enquire** for patient and patient and family regarding plan of family understanding of illness and care for hospitalized patient's **does not allow** opportunities for management plan patient questions Communicates effectively in Does not maintain communication stressful, emergent, and complex with patient and family regarding **Capable** of delivering bad news to plan of care for hospitalized patient's patients and families regarding poor management plan prognoses situations Communicates **Fails to communicate** effectively in with patients and families across a stressful, emergent, and complex broad range of socio- economic and **Not capable** of delivering bad news cultural to patients and families regarding backgrounds poor prognoses situations **Fails to communicate** with patients and families across a broad range of socio- economic and cultural backgrounds **PBLI 2.3 Does not show** commitment to self-**Shows** commitment to selfevaluation, lifelong learning, and evaluation, lifelong learning, and patient safety patient safety **Fails to demonstrate** understanding **Demonstrates** understanding of the of the basic concepts of QI Fails to basic concepts of QI **read** appropriate information, as **Reads** appropriate information, as assigned by the program or related to assigned by the program or related to patient-specific topics patient-specific topics **Understands Does not understand** level of level of evidence for patient care evidence for patient care recommendations recommendations Fails to Reference and utilize **References** and utilizes national national standards or guidelines in standards or guidelines in patient care patient care plans. plans. **Does not Identify** quality of care **Identifies** quality of care issues issues within one's own practice within one's own with a systems-based approach practice with a systems-based approach P 1.3 **Does not understand** the **Understands** the importance of importance of compassion, integrity, compassion, integrity, and respect for and respect for others. others **Fails to demonstrate** sensitivity and **Demonstrates** sensitivity and responsiveness to patients. **Does not** responsiveness to patients. consistently show compassion, Consistently shows compassion, integrity, and respect in typical integrity, and respect in typical situations with patients, peers, and situations with patients, peers, and members of the health care team. members of the health care team. Fails to consistently demonstrate **Consistently demonstrates**

sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations.

Fails to accept constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

Fails to Consistently show compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress

Fails to modify one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations

Accepts constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others.

Consistently shows compassion, integrity, and respect for patients who decline medical advice or request unindicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate

compassion, integrity, and respect for others

| EPA 25: Assessing the need for oxygen ar | nd choosing the suitable mode of delivery |
|---|---|
| Description of the activity: This includes a brief rationale and a list of the functions required for the EPA. | Resident should have the knowledge of to which patients require oxygen. He/She should be able to identify different modes of oxygen delivery and they should know which oxygen delivery system is suitable to different patients with different conditions. |
| Most relevant domains of competence: | MK, PC, ICS,SBP,PBLI, P |
| Competencies within each domain critical to entrustment decisions: | MK 1.3,2.3 PC 2.3,6.3 ICS1.3, 3.3 SBP 1.3,2.3 PBLI 2.3 P1.3 |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers |

| Competency | Pre-Entrustable | Entrustable |
|------------|-------------------------------------|---------------------------------------|
| MK 1 | Lack of Knowledge of structure and | Demonstrates a Knowledge of |
| | function of pediatric anatomy, | pediatric anatomy, physiology and |
| | physiology and basic biochemical | basic biochemical pathways related to |
| | pathways related to health and | health and disease |
| | disease | Explains abnormalities associated |
| | Fails to Explain abnormalities | with congenital malformations, |
| | associated with congenital | inherited disorders and inborn errors |
| | malformations, inherited disorders | of metabolism. |
| | and inborn errors of metabolism. | Explains pathophysiology of |
| | Fails to Explain pathophysiology of | infections and non -infectious |
| | infections and non -infectious | inflammation in health and disease |
| | inflammation in health and disease | Explains abnormal and normal |
| | Fails to Explain abnormal and | symptomatology related to disease |
| | normal symptomatology related to | manifestations |
| | disease manifestations | Explains pathophysiology of acute |
| | Fails to Explain pathophysiology of | clinical conditions and metabolic |

| 100 | Does not identify indications for | indications for |
|------|--|---|
| PC 6 | Fails to perform PALS Does not identify indications for | Performs PALS Identifies indications for |
| | Neonatal resuscitation | resuscitation Parforms PALS |
| | Does not perform advanced | Performs advanced Neonatal |
| | management and ventilator care | |
| PC 2 | Does not perform airway | Performs airway management and ventilator care |
| DC 2 | | Parforms aimyoy managamant 1 |
| | share knowledge with other members of the health care. | |
| | Fails to Demonstrate ability to | |
| | comorbidities(Ref.to MK 1 L2) Fails to Domonstrate ability to | |
| | for patients with | |
| | comprehensive management plans | health care. |
| | Demonstrate the ability to formulate | of the |
| | Microbiology, Radiology) Fails to | chare knowledge with other members |
| | (Haematology, Biochemical, | MK 1 L2) Demonstrate ability to |
| | conditions.(Ref.to MK 1 L2) | patients with comorbidities(Ref.to |
| | neonatal and pediatric | comprehensive management plans for |
| | Interprets tests appropriate for | Demonstrates the ability to formulate |
| | Fails to Demonstrate the ability to | Microbiology, Radiology) |
| | conditions.(Ref.to MK 1 L2) | (Haematology, Biochemical, |
| | common neonatal and pediatric | pediatric conditions.(Ref.to MK 1 L2) |
| | management plans for patients with | tests appropriate for neonatal and |
| | formulate comprehensive | Demonstrates the ability to Interprets |
| | Fails to Demonstrate the ability to | pediatricconditions.(Ref.to MK 1 L2) |
| | conditions.(Ref. to MK 1 L2) | patients with common neonatal and |
| | neonatal and pediatric | comprehensive management plans for |
| | and treatment options various | Demonstrates the ability to formulate |
| | understanding of initial evaluation | conditions.(Ref.to MK 1 L2) |
| | | neonatal and pediatric |
| | Fails to Demonstrate an | and treatment options various |
| | | understanding of initial evaluation |
| | conditions (Ref.to MK 1 L2) | (Ref.to MK 1 L2) Demonstrates an |
| | various neonatal and pediatric | neonatal and pediatric conditions |
| | ε | a differential diagnosis of various |
| MK 2 | The state of the s | Demonstrates the ability to formulate |
| | pediatric conditions | |
| | comorbidities relevant neonatal and | |
| | about the management of medical | |
| | Fails to Demonstrate knowledge | pediatric conditions |
| | pediatric conditions | comorbidities relevant neonatal and |
| | management plans neonatal and | management of medical |
| | comprehensive | Demonstrates knowledge about the |
| | approaches, formulate | pediatric conditions |
| | utilize focused diagnostic | management plans neonatal and |
| | Fails to Demonstrate the ability to | formulate comprehensive |
| | underlying pathology | focused diagnostic approaches, |
| | symptoms and signs with the | Demonstrates the ability to utilize |
| | and disease Fails to Correlate the | with the underlying pathology |
| | metabolic derangements in health | Correlates the symptoms and signs |
| I | | |

consultation, referral of pediatric consultation, referral of pediatric patients with surgical problems or patients with surgical problems or other subspecialty related other subspecialty related complications complications **Does not prepare** necessary relevant **Prepare** necessary relevant document document for referral/transfer of care for referral/transfer of care for for patients patients **Dose not use** a multi-disciplinary **Uses** a multi-disciplinary approach approach and makes appropriate and makes appropriate referrals referrals Effectively supervises and educates Does not effectively supervise and lower level residents. educate lower level residents. Collaborates and provides **Fails to collaborate** and provide consultation to other members of the consultation to other members of the health care team health care team **Fails to follow up Follow-up** till final outcome after till final outcome after referral referral ICS1.3 **Does not communicate** effectively **Communicates** effectively in routine in routine clinical situations clinical situations **Fails to verbalize** basic knowledge **Verbalizes** basic knowledge Does not understand the **Understands** the importance of importance of informed consent informed consent **Does not enquire** for patient and **Enquires** for patient and family understanding of illness and **allows** family understanding of illness and **does not allow** opportunities for opportunities for patient questions patient questions Maintains communication with Does not maintain communication patient and family regarding plan of with patient and family regarding care for hospitalized patient's plan of care for hospitalized patient's management plan management plan Communicates effectively in **Fails to communicate** effectively in stressful, emergent, and complex stressful, emergent, and complex Capable of delivering bad news to **Not Capable** of delivering bad news patients and families regarding poor prognoses situations **Communicates** to patients and families regarding poor prognoses situations with patients and families across a **Fails to Communicate** with patients broad range of socio- economic and and families across a broad range of cultural backgrounds socio- economic and cultural backgrounds Understands the importance of **ICS 3.3** Does not understand the importance of informed consent. informed consent. **Does not** engage patients in shared **Begins** to engage patients in shared decision making, and obtains decision making, and obtains informed informed consent for basic consent for basic procedures. procedures. Uses appropriate and easy-to-**Does not use** appropriate and easyunderstand language in all phases of to- understand language in all phases communication, utilizing an of communication, utilizing an interpreter where necessary **Engages** interpreter where necessary. in shared decision making,

| | Does not engage in shared decision | incorporating natients' and families' |
|---------|--|---|
| | making, incorporating patients' and | |
| | families' cultural frameworks | Obtains informed consent for |
| | rannines cultural frameworks | Obtains informed consent for |
| | Does not obtain informed consent | complex procedures. |
| | for complex procedures. | |
| SBP 1.3 | Unable to recognizes limitations | Recognizes limitations and failures of |
| | S | a team approach (e.g., hand-offs, |
| | hand-offs, miscommunication) in | miscommunication) in health care as |
| | health care as the leading cause of | the leading cause of preventable |
| | preventable patient harm. | patient harm. |
| | Lack knowledge of institutional | Demonstrates knowledge of |
| | surveillance systems to monitor for | institutional surveillance systems to |
| | patient safety (e.g., surgical site | monitor for patient safety (e.g., |
| | F | surgical site infection, medical error |
| | infection, medical error reporting). | _ |
| | | reporting) |
| | Occasionally participates in "time- | Participates in "time-out" |
| | out". Does not utilize check lists to | |
| | promote patient safety (e.g., | |
| | medication reconciliation) | Utilizes check lists to promote patient |
| | Lack knowledge of the | safety (e.g., medication |
| | epidemiology of medical errors and | reconciliation) |
| | the differences between near misses, | Demonstrates knowledge of the |
| | medical errors, and sentinel events. | epidemiology of medical errors and |
| | Occasionally participates in patient | the differences between near misses, |
| | | medical errors, and sentinel events. |
| | safety reporting and analyzing | Participates in patient safety |
| | systems. | reporting and analyzing systems |
| | Occasionally participates in team | |
| | drills. | Porticipatos in toom duille |
| | Lack knowledge of national patient | Participates in team drills |
| | safety standards, as well as their | Demonstrates knowledge of national |
| | use/application in the institution | patient safety standards, as well as |
| | | their use/application in the institution |
| SBP 2.3 | Fails to understand the importance | Understands the importance of |
| | of providing cost-effective care | providing cost-effective care |
| | Fails to understand the role of | Understands the role of physicians in |
| | physicians in advocating for | advocating for appropriate child |
| | appropriate child health | health |
| | Not aware of common | Aware of common socioeconomic |
| | socioeconomic barriers that impact | barriers that impact patient care |
| | patient care | Demonstrates an awareness of the |
| | | need for coordination of natient care |
| | Does not demonstrate an awareness | piece for coordination of patient care |
| | Does not demonstrate an awareness of the need for coordination of | = |
| | of the need for coordination of patient care and patient advocacy | and patient advocacy |
| | of the need for coordination of patient care and patient advocacy | and patient advocacy |
| | of the need for coordination of patient care and patient advocacy Fails to demonstrate the | = |
| | of the need for coordination of patient care and patient advocacy Fails to demonstrate the incorporation of cost awareness into | and patient advocacy |
| | of the need for coordination of patient care and patient advocacy Fails to demonstrate the | and patient advocacy Demonstrates the incorporation of |

| | Fails to coordinate and advocate for needed resources to facilitate patient care (e.g., effective discharge | |
|----------|--|--|
| | planning) | |
| PBLI 2.3 | evaluation, lifelong learning, and patient safety Fails to demonstrate understanding of the basic concepts of QI Fails to Read appropriate information, as assigned by the program or related to patient-specific topics Does not understand level of evidence for patient care recommendations Fails to Reference and utilize national standards or guidelines in patient care plans. Does not Identify quality of care issues within one's own practice with a systems-based | Shows commitment to self- evaluation, lifelong learning, and patient safety Demonstrates understanding of the basic concepts of QI Reads appropriate information, as assigned by the program or related to patient-specific topics Understands level of evidence for patient care recommendations References and utilizes national standards or guidelines in patient care plans. Identifies quality of care issues within one's own practice with a systems-based approach |
| P 1.3 | Fails to demonstrate sensitivity and responsiveness to patients. Does not consistently show compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Fails to consistently demonstrate sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Fails to accept constructive feedback to improve his or her ability to demonstrate | Demonstrates sensitivity and responsiveness to patients. Consistently shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. Consistently demonstrates sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Accepts constructive feedback to |

| EPA 26: Knowledge about nand weaning) | nechanical ventilation (setting, choosing appropriate mode, |
|--|--|
| Description of the activity: This includes a brief rationale and a list of the functions required for the EPA. | This EPA focuses indications and co mechanical ventil non-pulmonary remechanical ventil discontinuation of mechanical ventilation in the context of common clinical scenarios with respiratory failure due to pulmonary and non-pulmonary reasons. |
| Most relevant domains of competence: | MK, PC, ICS, P |
| Competencies within each domain critical to entrustment decisions: | MK1.3,2.3 PC2.3,6.3 ICS1.3,3.3 SBP1.3,2.3 PBLI2.3 P1.3 |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|---|
| | Lack of Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease | Demonstrates a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and |
| | Fails to Demonstrate normal patterns of growth and development in children | disease Demonstrate normal patterns of growth and development in children Demonstrate normal and abnormal nutritional states in children Explains abnormalities associated |
| MK 1 | Fails to Demonstrate normal and abnormal nutritional states in children Fails to Explain abnormalities associated with | with congenital malformations, inherited disorders and inborn errors of metabolism. Explains pathophysiology of |
| | congenital malformations, inherited disorders and inborn errors of metabolism. | infections and non -infectious inflammation in health and disease Explains abnormal and normal |
| | Fails to Explain pathophysiology of infections and non-infectious inflammation in health and disease | symptomatology related to disease manifestations |

Fails to Explain abnormal and normal symptomatology related to disease manifestations

Fails to Explain pathophysiology of acute clinical conditions and metabolic derangements in health and diseaseFails to Correlate the symptoms and signs with the underlying pathology

Fails to Demonstrate the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions

Fails to Demonstrate knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions

Explains pathophysiology of acute clinical conditions and metabolic derangements in health and disease **Correlates** the symptoms and signs with the underlying pathology **Demonstrates** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions **Demonstrates** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions

MK 2

Fails to Demonstrate the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) Fails to Demonstrate an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1L2) **Fails to Demonstrate** the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) **Fails to Demonstrate** the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) **Fails to Demonstrate** the ability to formulate comprehensive management plans for patients with comorbidities(Ref.to MK 1 L2) **Fails** comorbidities(Ref.to MK 1 L2) **to Demonstrate** ability to share knowledge with other members of the health care.

Demonstrates the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) **Demonstrates** an understanding of initial evaluation and treatment

options various neonatal and pediatric conditions.(Ref.to MK 1

Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) **Demonstrates** the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) **Demonstrates** the ability to formulate comprehensive management plans for patients with **Demonstrate** ability to share knowledge with other members of the health care.

| PC 2 | Does not perform basic procedures, | Performs basic procedures |
|---------|--|--|
| | including peripheral venous | including peripheral venous |
| | cannulation, lumbar puncture, and | cannulation, lumbar puncture, and |
| | basic neonatal resuscitation. | basic neonatal resuscitation. |
| | | Demonstrates basic surgical |
| | Ę. | principles, including use of universal |
| | precautions and aseptic technique | precautions and aseptic technique |
| | Does not perform airway | Performs airway management and |
| | management and ventilator care Does | |
| | not perform advanced Neonatal | Neonatal resuscitation |
| | resuscitation | Performs PALS |
| | Fails to perform PALS | Performs synchronised management |
| | rans to perform 1 ALS | of common medical emergencies |
| | Fails to perform synchronised | _ |
| | management of common medical | without supervision |
| | emergencies without supervision | |
| PC 6.3 | Fails to identify indications for | Identifies indications for |
| | consultation, referral of pediatric | consultation, referral of pediatric |
| | patients with surgical problems or | patients with surgical problems or |
| | other subspecialty related | other subspecialty related |
| | complications | complications |
| | Fails to prepare necessary relevant | Prepare necessary relevant |
| | | document for referral/transfer of care |
| | for patient | for patient |
| | Fails to use a multi-disciplinary | Uses a multi-disciplinary approach |
| | approach and makes appropriate | and makes appropriate referrals |
| | referrals | |
| ICS 1.3 | Fails to demonstrate adequate | Demonstrates adequate listening |
| | listening skills. | skills. |
| | Fails to verbalize basic knowledge | Communicates effectively in routine |
| | about common vaccines. | clinical situations |
| | Does not understand the importance | Verbalizes basic knowledge about |
| | of informed consent | common vaccines |
| | Does not enquire for patient and | Understands the importance of |
| | family understanding of illness and | informed consent |
| | does not allow opportunities for | Enquire for patient and family |
| | patient questions, Does not | understanding of illness and Allows |
| | maintain communication with | opportunities for patient questions, |
| | patient and family regarding plan of | Maintain communication with |
| | care for hospitalized patients | patient and family regarding plan of |
| | management plan | care for hospitalized patients |
| | Fails to communicate effectively in | management plan |
| | stressful, emergent, and complex Not | Communicates effectively in |
| | Capable of delivering bad news to | = |
| | patients and families regarding poor | |
| | | patients and families regarding poor |
| | Fails to Communicate with patients | |
| | and families across a broad range of | |
| | _ | broad range of socio- economic and |
| | backgrounds | cultural backgrounds |
| | | Θ |

| ICS 3.3 | Fails to understand the importance | Understands the importance of |
|----------------|--|--|
| | of informed consent | informed consent |
| | Decreed an account in the act | Begins to engage patients in shared |
| | Does not engage patients in shared | decision making, and obtains |
| | decision making, and obtains informed consent for basic | informed consent for basic |
| | procedures | procedures |
| | - | Uses appropriate and easy-to- |
| | Does not use appropriate and easy- | understand language in all phases of |
| | to- understand language in all phases of communication, utilizing an | communication, utilizing an |
| | interpreter where necessary | interpreter where necessary Engages |
| | Fails to engage in shared decision | in shared decision making, |
| | making, incorporating patients' and | incorporating patients' and families' |
| | families' cultural frameworks | cultural frameworks |
| | Does not obtain informed consent | Obtains informed consent for |
| | for complex procedures | complex procedures |
| SBP 1.3 | Unable to recognizes limitations and | Recognizes limitations and failures |
| DD1 1.5 | failures of a team approach (e.g., | of a team approach (e.g., hand-offs, |
| | hand-offs, miscommunication) in | miscommunication) in health care as |
| | health care as the leading cause of | the leading cause of preventable |
| | preventable patient harm. Lack | patient harm. Demonstrates |
| | knowledge of institutional | knowledge of institutional |
| | surveillance systems to monitor for | surveillance systems to monitor for |
| | patient safety (e.g., surgical site | patient safety (e.g., surgical site |
| | infection, medical error reporting). | infection, medical error reporting) |
| | Occasionally participates in "time- | Participates in "time-out. |
| | out". Does notutilize check lists to | Utilizescheck lists to promote patient |
| | promote patient safety (e.g., | safety (e.g., medication |
| | medication reconciliation) Lack | reconciliation) Demonstrates |
| | knowledge of the epidemiology of | knowledge of the epidemiology of |
| | medical errors and the differences | medical errors and the differences |
| | between near misses, medical errors, | between near misses, medical errors, |
| | and sentinel events. | and sentinel events. Participates in |
| | Occasionallyparticipates in patient | patient safety reporting and analysing |
| | safety reporting and analysing | systems Participates in team drills |
| | systems. Occasionally participates | Demonstrates knowledge of national |
| | in team drills. Lack knowledge of | patient safety standards, as well as |
| | national patient safety standards, as | their use/application in the institution |
| | well as their use/application in the | |
| | institution | |
| SBP 2.3 | Fails to understand the importance | Understands the importance of |
| | of providing cost-effective care | providing cost-effective care |
| | Understands the role of physicians | Understands the role of physicians |
| | in advocating for appropriate child | in advocating for appropriate child |
| | health | |
| | Not aware of common | |
| | socioeconomic barriers that impact | |
| | patient care | |

Fails to demonstrate an awareness health of the need for coordination of **Aware** of common socioeconomic patient care and patient advocacy barriers that impact patient care Fails to demonstrate the **Demonstrates** an awareness of the incorporation of cost awareness into need for coordination of patient care clinical judgment and decision and patient advocacy making Coordinates and advocates **Demonstrates** the incorporation of for needed resources to facilitate cost awareness into clinical judgment patient care (e.g., effective discharge and decision making Coordinates planning) and advocates for needed resources to facilitate patient care (e.g., effective discharge planning) **PBLI 2.3 Does not show** commitment to self-**Shows** commitment to selfevaluation, lifelong learning, and evaluation, lifelong learning, and patient safety patient safety **Fails to demonstrate** understanding **Demonstrates** understanding of the of the basic concepts of QI basic concepts of QI Reads appropriate information, as assigned Fails to **Read** appropriate by the program or related to patientinformation, specific topics Fails to Reference and utilize **Understands** level of evidence for national standards or guidelines in patient care recommendations patient care plans. **References** and utilizes national Does not **Identify** quality of care standards or guidelines in patient care issues within one's own practice with plans. a systems- based approach **Identifies** quality of care issues within one's own practice with a systems- based approach **Does not understand** the importance **Understands** the importance of P 1.3 of compassion, integrity, and respect compassion, integrity, and respect for for others. others **Demonstrates** sensitivity and Fails to demonstrate sensitivity and responsiveness to patients. responsiveness to patients. Consistently shows compassion, integrity, and respect in typical Does not consistently show situations with patients, peers, and compassion, integrity, and respect in members of the health care team. typical situations with patients, peers, **Consistently demonstrates** and members of the health care team. sensitivity and responsiveness to Fails to consistently demonstrate diversity of patients' ages, cultures, sensitivity and responsiveness to races, religions, abilities, or sexual diversity of patients' ages, cultures, orientations Accepts constructive races, religions, abilities, or sexual feedback to improve his or her ability orientations. to demonstrate compassion, integrity, Fails to accept constructive feedback and respect for others. to improve his or her ability to Consistently shows compassion, demonstrate compassion, integrity, integrity, and respect for patients and respect for others who decline medical advice or Fails to Consistently show request un-indicated tests or compassion, integrity, and respect for treatments, for patients who have patients who decline medical advice

or request un-indicated tests or psychiatric comorbidities, and for team members in circumstances of treatments, for patients who have psychiatric comorbidities, and for conflict or high stress Modifies one's own behaviour based team members in circumstances of on feedback to improve his or her conflict or high stress Fails to modify one's own behaviour ability to demonstrate compassion, based on feedback to improve his or integrity, and respect for others her ability to demonstrate compassion, integrity, and respect for others

| EPA 27: Performing CPR in a child | | |
|--|--|--|
| includes a brief rationale and a list | Residents should be able to promptly recognize a child who requires urgent or emergent care, initiate steps of resuscitation and management, and seek help is essential. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need for CPR and initiating a call for assistance. | |
| Most relevant domains of competence: | MK, PC, ICS, P | |
| Competencies within each domain critical to entrustment decisions: | MK1.3,2.3 PC2.2,6.2 ICS1.4,3.3 SBP1.3,2.3 PBLI2.3 P1.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|--|
| | biochemical pathways related to health and disease Fails to Demonstrate normal patterns of growth and development in children | structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease Demonstrate normal patterns of |
| | abnormal nutritional states in children Fails to Explain abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Fails to Explain pathophysiology of infections and non -infectious inflammation in health and disease Fails to Explain abnormal and normal symptomatology related to disease manifestations Fails to Explain pathophysiology of acute clinical conditions and metabolic derangements in health and disease Fails to Correlate the symptoms and signs with the underlying pathology Fails to Demonstrate the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and rediatric conditions | Explains abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. Explains pathophysiology of infections and non -infectious inflammation in health and disease Explains abnormal and normal symptomatology related to disease manifestations Explains pathophysiology of acute clinical conditions and metabolic derangements in health and disease Correlates the symptoms and signs with the underlying pathology Demonstrates the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions Demonstrates knowledge about the management of medical comorbidities relevant neonatal |
| | about the management of medical comorbidities relevant neonatal and pediatric conditions | and pediatric conditions |

| Fails to Demonstrate the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) Fails to Demonstrate an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to Demonstrates the ability the Demonstrates the ability the Demonstrat | () |
|--|-----------|
| various neonatal and pediatric conditions (Ref.to MK 1 L2) Fails to Demonstrate an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) conditions (Ref.to MK 1 L L2) Demonstrates an understate initial evaluation and treatment options various neonatal are pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) conditions (Ref.to MK 1 L L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | |
| conditions (Ref.to MK 1 L2) Fails to Demonstrate an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Conditions (Ref.to MK 1 L L2) Demonstrates an understation initial evaluation and treatment options various neonatal are pediatric conditions.(Ref.to MK 1 L2) Demonstrates an understation options various neonatal are pediatric conditions.(Ref.to MK 1 L2) Conditions (Ref.to MK 1 L L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | _ |
| Fails to Demonstrate an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Conditions.(Ref.to MK 1 L2) Demonstrates an understation initial evaluation and treatment options various neonatal are pediatric conditions.(Ref.to MK 1 L2) Demonstrates an understation initial evaluation and treatment options various neonatal are pediatric conditions.(Ref.to MK 1 L2) Common neonatal and pediatric common neonatal and pediatric conditions.(Ref.to MK 1 L2) | |
| understanding of initial evaluation and treatment options various options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) understanding of initial evaluation and treatmont options various neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | · · |
| and treatment options various neonatal and pediatric pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | _ |
| neonatal and pediatric conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | |
| conditions.(Ref.to MK 1 L2) Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | |
| Fails to Demonstrate the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) Demonstrates the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) |) IVIIX 1 |
| formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) | 0 |
| management plans for patients with common neonatal and pediatric common neonatal and pediatric conditions.(Ref.to MK 1 L2) conditions.(Ref.to MK 1 L | O |
| common neonatal and pediatric common neonatal and pediatric conditions.(Ref.to MK 1 L2) conditions.(Ref.to MK 1 L | ents with |
| conditions.(Ref.to MK 1 L2) conditions.(Ref.to MK 1 L | |
| | |
| rais to Demonstrate the ability to Demonstrates the ability is | |
| Interprets tests appropriate for Interprets tests appropriate | |
| neonatal and pediatric neonatal and pediatric | 101 |
| conditions.(Ref.to MK 1 L2) conditions.(Ref.to MK 1 L | 2) |
| (Haematology, Biochemical, (Haematology, Biochemical) | · |
| Microbiology, Radiology) Microbiology, Radiology) | |
| Fails to Demonstrate the ability to Demonstrates the ability t | |
| formulate comprehensive formulate comprehensive | O |
| management plans for patients with management plans for patients | ante with |
| comorbidities(Ref.to MK 1 L2) comorbidities(Ref.to MK 1 | |
| Fails to Demonstrate ability to Demonstrate ability to sha | |
| share knowledge with other knowledge with other men | |
| members of the health care. the health care. | 10015 01 |
| PC 2 Does not perform basic procedures, Performs basic procedures | 2 |
| including peripheral venous including peripheral venous | |
| cannulation, lumbar puncture, and cannulation, lumbar puncture | |
| basic neonatal resuscitation. | |
| Fails to demonstrate basic surgical Demonstrates basic surgic | |
| principles, including use of principles, including use of | |
| universal precautions and aseptic universal precautions and a | |
| technique technique | iscpiic |
| Does not perform airway Performs airway managen | nent and |
| management and ventilator careventilator care Performs a | |
| Does not perform advanced Neonatal resuscitation Per | |
| Neonatal resuscitation PALS | . VI III |
| Fails to perform PALS | |
| PC 6.2 Fails to identify indications for Identifies indications for | |
| consultation, referral of pediatric consultation, referral of pediatric | diatric |
| patients with surgical problems or patients with surgical prob | |
| other subspecialty related other subspecialty related | ionno Ol |
| complications complications Prepare nec | reccaru |
| Fails to prepare necessary relevant relevant document for | cosai y |
| document document referral/transfer of care for | natient |
| | Patient |
| for referral/transfer of care for | |
| patient | |

| ICS 1.4 | Fails to demonstrate adequate | Demonstrates adequate listening |
|---------|---|--|
| 100 1 | listening skills. Does not | skills. Communicates effectively |
| | _ | in routine clinical situations |
| | clinical situations | |
| | Fails to verbalize basic knowledge | Verbalizes basic knowledge about |
| | about common vaccines. | common vaccines |
| | Does not understand the | Understands the importance of |
| | importance of informed consent | informed consent |
| | Does not enquire for patient and | Enquire for patient and family |
| | family understanding of illness and | understanding of illness and Allows |
| | does not allow opportunities for | opportunities for patient questions, |
| | patient questions, Does not | Maintain communication with |
| | maintain communication with | patient and family regarding plan |
| | patient and family regarding plan of | |
| | care for hospitalized patients | management plan |
| | management plan | Primary Primary |
| | Fails to communicate effectively in | Communicates effectively in |
| | stressful, emergent, and complex | stressful, emergent, and complex |
| | Not Capable of delivering bad news | |
| | to patients and families regarding | patients and families regarding |
| | poor prognoses situations Fails to | poor prognoses situations |
| | Communicate with patients and | Communicates with patients and |
| | families across a broad range of | families across a broad range of |
| | socio- economic and cultural | socio- economic and cultural |
| | backgrounds | backgrounds |
| | Fails to deliver bad news to | Delivers bad news to families |
| | families about complications | about complications |
| | Not capable of informing patients | Capable of informing patients and |
| | and families about a medical error | families about a medical error that |
| | that caused harm or death Does not | caused harm or death Incorporates |
| | incorporates risk management in | risk management in this process |
| | this process | Participates in education of |
| | Does not participates in education | patients and families |
| | of patients and families | |
| ICS 3.3 | Fails to understand the importance | Understands the importance of |
| | of informed consent | informed consent |
| | Does not engage patients in shared | Begins to engage patients in shared |
| | decision making, and obtains | decision making, and obtains |
| | informed consent for basic | informed consent for basic |
| | procedures | procedures |
| | Does not use appropriate and easy- | Uses appropriate and easy-to- |
| | to- understand language in all | understand language in all phases |
| | phases of communication, utilizing | of communication, utilizing an |
| | an interpreter where necessary | interpreter where necessary |
| | Fails to engage in shared decision | Engages in shared decision |
| | making, incorporating patients' and | making, incorporating patients' and |
| | families' cultural frameworks | families' cultural frameworks |
| | Does not obtain informed consent | Obtains informed consent for |
| | for complex procedures | complex procedures |

| SPB1.3 | Unable to recognizes limitations | Recognizes limitations and failures |
|--------|---|--|
| | and failures of a team approach | of a team approach (e.g., hand-offs, |
| | (e.g., hand-offs, miscommunication) | miscommunication) in health care |
| | in health care as the leading cause of | as the leading cause of preventable |
| | preventable patient harm. Lack | patient harm. Demonstrates |
| | knowledge of institutional | knowledge of institutional |
| | surveillance systems to monitor for | surveillance systems to monitor for |
| | patient safety (e.g., surgical site | patient safety (e.g., surgical site |
| | infection, medical error reporting). | infection, medical error reporting) |
| | Occasionally participates in "time- | Participates in "time-out. |
| | out". Does notutilize check lists to | Utilizescheck lists to promote |
| | promote patient safety (e.g., | patient safety (e.g., medication |
| | medication reconciliation) Lack | reconciliation) Demonstrates |
| | knowledge of the epidemiology of | knowledge of the epidemiology of |
| | medical errors and the differences | medical errors and the differences |
| | between near misses, medical errors, | between near misses, medical |
| | and sentinel events. | errors, and sentinel events. |
| | Occasionally participates in patient | Participates in patient safety |
| | safety reporting and analysing | reporting and analysing systems |
| | systems. Occasionally participates | Participates in team drills |
| | in team drills. Lack knowledge of | . Demonstrates knowledge of |
| | national patient safety standards, as | national patient safety standards, as |
| | well as their use/application in the | well as their use/application in the |
| | institution | institution |
| SPB2.3 | Fails to understand the importance | Understands the importance of |
| | of providing cost-effective care | providing cost- effective care |
| | 1 | Understands the role of physicians |
| | in advocating for appropriate child | in advocating for appropriate child |
| | health | health |
| | Not aware of common | Aware of common socioeconomic |
| | <u> </u> | barriers that impact patient care |
| | - - | Demonstrates an awareness of the |
| | Fails to demonstrate an awareness | need for coordination of patient |
| | of the need for coordination of | care and patient advocacy |
| | patient care and patient advocacy | Demonstrates the incorporation of |
| | Fails to demonstrate the | cost awareness into clinical |
| | incorporation of cost awareness into | judgment and decision making |
| | clinical judgment and decision | |
| | making. | Coordinates and advocates for |
| | Fails to coordinate and advocate | needed resources to facilitate |
| | for needed resources to facilitate | patient care (e.g., |
| | patient care (e.g., effective | effective discharge planning) |
| | discharge planning) | process of discounting processing, |
| | procriate pranting) | |

PBLI 2.3 Does not show commitment to self- **Shows** commitment to selfevaluation, lifelong learning, and evaluation, lifelong learning, and patient safety patient safety Fails to demonstrate understanding Demonstrates understanding of the of the basic concepts of QI basic concepts of QI **Reads** appropriate information, as Fails to **Read** appropriate information, as assigned by the assigned by the program or related program or related to patientto patient- specific topics specific topics **Understands** level of evidence for Does not **understand** level of patient care recommendations evidence for patient care **References** and utilizes national recommendations standards or guidelines in patient Fails to Reference and utilize care plans. national standards or guidelines in **Identifies** quality of care issues patient care plans. within one's own practice with a Does not **Identify** quality of care systems- based approach issues within one's own practice with a systems- based approach P 1.3 Does not understand the **Understands** the importance of importance of compassion, integrity, compassion, integrity, and respect and respect for others. for others Fails to demonstrate sensitivity **Demonstrates** sensitivity and and responsiveness to patients. responsiveness to patients. Does not consistently show Consistently shows compassion, compassion, integrity, and respect in integrity, and respect in typical typical situations with patients, situations with patients, peers, and peers, and members of the health members of the health care team. care team. **Consistently demonstrates** Fails to consistently demonstrate sensitivity and responsiveness to sensitivity and responsiveness to diversity of patients' ages, cultures, diversity of patients' ages, cultures, races, religions, abilities, or sexual races, religions, abilities, or sexual orientations **Accepts** constructive orientations. feedback to improve his or her Fails to accept constructive ability to demonstrate compassion, feedback to improve his or her integrity, and respect for others. ability to demonstrate compassion, Consistently shows compassion, integrity, and respect for others integrity, and respect for patients Fails to Consistently show who decline medical advice or compassion, integrity, and respect request un-indicated tests or for patients who decline medical treatments, for patients who have advice or request un-indicated tests psychiatric comorbidities, and for or treatments, for patients who have team members in circumstances of psychiatric comorbidities, and for conflict or high stress team members in circumstances of **Modifies** one's own behaviour conflict or high stress based on feedback to improve his Fails to modify one's own or her ability to demonstrate behaviour based on feedback to compassion, integrity, and respect improve his or her ability to for others demonstrate compassion, integrity, and respect for others

| EPA 28 : PRACTICE OF UNIVERSAL PRECAUTIONS | | |
|--|--|--|
| Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Universal precautions are intended to prevent parenteral, mucous membrane, and non intact skin exposures of residents to blood borne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to universal precautions for the residents who have exposure to blood. | |
| Most relevant domains of competence: | MK, PC, PBLI | |
| Competencies within each domain critical to entrustment decisions: | MK4.3 PBLI 1.2 | |
| Methods of assessment | Periodic written exam (Every 6 months) Minicex Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|--|---|
| MK 4 | Unable to apply principles to the | Apply principles to the |
| | identification of risk factors | identification of risk factors |
| | Doesnotrecommend age- and | Recommends age- and risk- |
| | risk- appropriate vaccinations, | appropriate vaccinations, |
| | nutritional guidance | nutritional guidance |
| PBLI 1 | Fails to identify resources (e.g., | Identifies resources (e.g., texts, |
| | texts, search engines) to answer | search engines) to answer |
| | questions while providing patient | questions while providing patient |
| | care | care |
| | Fails to Recognize limits of knowledge, expertise, and | Recognizes limits of knowledge, expertise, and technical skills |
| | technical skills | Describes commonly used study |
| | Does not describe commonly used | |
| | study designs (e.g., randomized | controlled trial [RCT], cohort; |
| | controlled trial [RCT], cohort; | case-control, cross-sectional) |
| | case-control, cross- | |
| | sectional) | |

| EPA 29: Prevention of hospital acquired infections | | |
|--|--|--|
| Description of the activity: This included a brief rationale and a list of the functions required for the EPA. | Residents should be able to provide the safest healthcare system in the world through creating a zero tolerance approach to avoidable infections and delivering a safe, effective and person centered care. Their main aim should be to recognize patient safety as an important nursing responsibility in global health care systems. They should apply required knowledge in preventing and/or minimizing infection. They should perform appropriate behaviors required to prevent health care associated infections. They should be able to demonstrate required competence to provide patients with safe care. | |
| Most relevant domains of competence: | MK, PC, ICS | |
| Competencies within each domain critical to entrustment decisions: | MK 4.3 PC 5.4 ICS 1.2 ICS 2.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. d. Peers | |

| Competency | <u>Pre-Entrustable</u> | <u>Entrustable</u> |
|------------|--|--|
| | identification of risk factors Does not Recommend age- and risk- appropriate vaccinations, nutritional guidance | Apply principles to the identification of risk factors Recommends age- and risk-appropriate vaccinations, nutritional guidance |
| | lower level residents. Does not Collaborate and does not provide consultation to other | Effectively supervises and educates lower level residents. Collaborates and provides consultation to other members of the health care team |

| ICS 1 | Fails to Enquire for patient and | Enquire for patient and family |
|-------|---|---------------------------------------|
| | family understanding of illness and | understanding of illness and Allows |
| | Hardly lets opportunities for | opportunities for patient questions, |
| | patient questions , Does not | Maintain communication with |
| | Maintain communication with | patient and family regarding plan |
| | patient and family regarding plan | of care for hospitalized patients |
| | of care for hospitalized patients | management plan |
| | management plan | |
| ICS 2 | Fails to work effectively in | Works effectively in |
| | interprofessional and | interprofessional and |
| | interdisciplinary health care teams | interdisciplinary health care teams |
| | Fails to Participate in effective | Participates in effective transitions |
| | transitions of care and team | of care and team debriefing |
| | debriefing | Communicates effectively with |
| | Does not communicate effectively | physicians and other health care |
| | with physicians and other health | professionals regarding patient care |
| | care professionals regarding patient | |
| | care | |
| | | |
| | | |

EPA 30: should be able to write a scientific protocol for clinical research **Description of the activity:** This Residents should be able to write a scientific includes a brief rationale and a list protocol for clinical research. This EPA helps the of the functions required for the residents to acquire knowledge in bio statistics, EPA. clinical epidemiology, literature search, framing a research question, hypothesis, types of research design, sample size estimation, ethical and medico legal issues. Most relevant domains of MK, ICS,SBP,PBLI competence: MK 4.3 Competencies within each domain critical to entrustment ICS 3.1 decisions: SBP 2.2 PBLI 1.3,2.2 Methods of assessment Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers

| Competency | Pre-Entrustable | Entrustable |
|------------|---|--|
| MK 4.3 | Fails to recall the principles of epidemiological sciences Fails to demonstrate knowledge of the characteristics of a good screening test Fails to demonstrate knowledge of indications and limitations of commonly used screening tests Unable to apply principles to the identification of health problems. Fails to demonstrate knowledge of evidence- based, age-appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) Unable to apply principles to the identification of risk factors Lack of knowledge about age- and risk- appropriate vaccinations, nutritional guidance | Recall the principles of epidemiological sciences Demonstrates knowledge of the characteristics of a good screening test Demonstrates knowledge of indications and limitations of commonly used screening tests Apply principles to the identification of health problems. Demonstrates knowledge of evidence-based, age- appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) Apply principles to the identification of risk factors Recommends age- and risk-appropriate vaccinations, nutritional guidance |
| ICS 3.1 | Does not Understand the importance of informed consent | Understands the importance of informed consent |
| SBP 2.2 | Does not understand the importance of providing cost-effective care Does not understand the role of physicians in advocating for appropriate child health Un aware of common socioeconomic barriers that impact patient care Fails to demonstrate an awareness of the need for coordination of patient care and patient advocacy | Understands the importance of providing cost-effective care Understands the role of physicians in advocating for appropriate child health Aware of common socioeconomic barriers that impact patient care Demonstrates an awareness of the need for coordination of patient care and patient advocacy |

| PBLI 1.3 | Fails to demonstrate an | Demonstrates an understanding of |
|----------|---|--|
| | understanding of critical appraisal | critical appraisal of the literature |
| | of the literature | Demonstrates responsiveness to |
| | Fails to demonstrate | constructive feedback |
| | responsiveness to constructive | Demonstrates an understanding of |
| | feedback | critical appraisal of the literature |
| | Fails to demonstrate an | Demonstrates responsiveness to |
| | understanding of critical appraisal | constructive feedback |
| | of the literature | Applies patient-appropriate |
| | Fails to demonstrate | evidence- based information from |
| | responsiveness to constructive | review articles or guidelines on |
| | feedback | common topics in practice |
| | Does not apply patient-appropriate | Critically reviews and interprets |
| | evidence- based information from | the literature with the ability to |
| | review articles or guidelines on | identify study aims, hypotheses, |
| | common topics in practice Unable | design, and |
| | to critically review and interprets | biases |
| | the literature with the ability to | |
| | identify study aims, hypotheses, | |
| | design, and biases | |
| PBLI 2.2 | Shows inconsistent commitment | Shows commitment to self- |
| | to self- evaluation, lifelong | evaluation, lifelong learning, and |
| | learning, and patient safety Fails | patient safety |
| | to demonstrate understanding of | Demonstrates understanding of |
| | the basic concepts of QI | the basic concepts of QI |
| | Unable to get appropriate | Reads appropriate information, |
| | information, as assigned by the | as assigned by the program or |
| | program or related to patient- | as assigned by the program or related to patient-specific topics |
| | specific topics Difficulty in understanding the level of evidence for patient care | Understands level of evidence for |
| | | patient care recommendations |
| | | patient care recommendations |
| | recommendations | |
| | | |

| EPA 31: reporting and communication of scientific research | | |
|--|--|--|
| Description of the activity: This includes a brief rationale and a list of the functions required for the EPA. | Resident should have adequate knowledge in reporting and communication of scientific research. This EPA helps the residents to acquire knowledge in statistical tabulation, interpretation of results, standard format of reporting studies, critical appraisal, evidenced based medicine, qualitative research, data display, ethical and medico legal issues, communication skills | |
| Most relevant domains of competence: | MK,PC, ICS,SBP,PBLI | |
| Competencies within each domain critical to entrustment decisions: | MK 4.5 PC 3.4 ICS 2.3, 3.3 SBP 2.3 PBLI 1.5,2.3 | |
| Methods of assessment | Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. d. Peers | |

| Competency | Pre-Entrustable | Entrustable |
|------------|---|---|
| MK 4.5 | Fails to recall the principles of epidemiological sciences Fails to demonstrate knowledge of the characteristics of a good screening test Fails to demonstrate knowledge of indications and limitations of commonly used screening tests | Recall the principles of epidemiological sciences Demonstrates knowledge of the characteristics of a good screening test Demonstrates knowledge of indications and limitations of commonly used screening tests |
| | Unable to apply principles to the identification of health problems. Fails to demonstrate knowledge of evidence-based, age-appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) Unable to apply principles to the identification of risk factors Lack of knowledge about age- and risk-appropriate vaccinations, nutritional guidance Fails to suggest the treatment strategies of health problem Unable to plan disease prevention and health promotion efforts for patient and population in the | Apply principles to the identification of health problems. Demonstrates knowledge of evidence-based, age- appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) Apply principles to the identification of risk factors Recommends age- and risk-appropriate vaccinations, nutritional guidance Suggest the treatment strategies of health problem Plan disease prevention and health promotion efforts for patient and population in the community. |
| PC 3.4 | Fails to demonstrate knowledge of normal and abnormal range of values in neonatal and pediatric conditions Fails to demonstrate knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Fails to interpret ate commonly performed laboratory data, imaging studies. | Demonstrate knowledge of normal and abnormal range of values in neonatal and pediatric conditions Demonstrate knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. Interpretation of commonly performed laboratory data, imaging studies. |

Unable to correlate the laboratory **Correlating** the laboratory data, data, imaging studies with underlying pathology

Unable to perform the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders

Fails to recognise complications and formulate initial management plan

Fails to interpret specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology

Unable to formulate management in pediatrics. plans and initiates treatment for uncommon situations in pediatrics. Unable to develop patient-centred management plans to maintain health and prevent disease.

Unable to formulate management plans and initiates treatment for neonatal and pediatric conditions.

Fails to demonstrate good decision making and ability to modify management plan. Fails to recognise timely consultation during management. imaging studies with underlying pathology

Performs the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders **Recognise** complications and formulate initial management plan **Interpretation** of specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology **Formulates** management plans and initiates treatment for uncommon situations

Develops patient-centred management plans to maintain health and prevent disease.

Formulates management plans and initiates treatment for neonatal and pediatric conditions.

Demonstrates good decision making and ability to modify management plan.

Recognizes timely consultation during management.

| ICS 2.3 | Fails to understand the | Understands the importance of |
|---------|---|--|
| | | relationship development, |
| | development, information | information gathering and sharing, |
| | gathering and sharing, and | and teamwork |
| | | Demonstrates an understanding of |
| | | the roles of health care team |
| | understanding of the roles of health | members, and communicates |
| | _ | effectively within the team |
| | communicates effectively within | |
| | 1 | D |
| | understanding of transitions of care | Demonstrates an understanding of transitions of care and team |
| | and team debriefing | |
| | Fails to work effectively in | debriefing Works offectively in |
| | interprofessional and | Works effectively in |
| | interdicciniinary health care teams | interprofessional and |
| | | interdisciplinary health care teams |
| | unable to participate in effective | |
| | transitions of care and team | Participates in effective |
| | debriefing | transitions of care and team |
| | | debriefing |
| | unable to communicate | Communicates effectively with |
| | effectively with physicians and | physicians and other health care |
| | | professionals regarding patient |
| | | care |
| ICS 3.3 | Fails to understand the | Understands the importance of |
| | importance of informed consent | informed consent |
| | | Begins to engage patients in shared |
| | rans to engage patients in snared | decision making, and obtains |
| | decision making, and obtains informed consent for basic | informed consent for basic |
| | procedures | procedures |
| | unable to use appropriate and | Uses appropriate and easy-to- |
| | easy to understand language in all | understand language in all phases |
| | phases of communication utilizing | of communication, utilizing an |
| | phases of communication, utilizing an interpreter where necessary | interpreter where necessary |
| | Unable teengage in chared | Engages in shared decision |
| | decision making incorporating | making, incorporating patients' |
| | patients' and families' cultural | and families' cultural frameworks |
| | frameworks | Obtains informed consent for |
| | Fails to obtain informed consent | complex |
| | for complex procedures | procedures |
| | Franklin Procession | |
| | | |
| | | |

| SBP 2.3 | Unable to understand the | Understands the importance of |
|----------|---|---|
| 221 2.0 | importance of providing cost- | providing cost- effective care |
| | effective care | Understands the role of |
| | Fails to understand the role of | physicians in advocating for |
| | physicians in advocating for | appropriate child health |
| | appropriate child health | Aware of common socioeconomic |
| | Fails to understand the common | barriers that impact patient care |
| | | |
| | socioeconomic barriers that impact | |
| | patient care | Demonstrates an awareness of the |
| | Fails to demonstrate an awareness | need for coordination of patient |
| | of the need for coordination of | care and patient advocacy |
| | patient care and patient advocacy | Demonstrates the incorporation of |
| | Fails to demonstrate the | cost awareness into clinical |
| | incorporation of cost awareness | judgment and decision making |
| | into clinical judgment and decision | Coordinates and advocates for |
| | making | needed resources to facilitate |
| | Fails to coordinate and advocate | patient care (e.g., effective |
| | needed resources to facilitate | discharge planning) |
| | patient care (e.g., effective | discharge planning) |
| | discharge planning) | |
| PBLI 1.5 | Fails to demonstratean | Demonstrates an understanding of |
| | understanding of critical appraisal | critical appraisal of the literature |
| | of the literature | Demonstrates responsiveness to |
| | Fails to demonstrate | constructive feedback |
| | responsiveness to constructive | Identifies resources (e.g., texts, |
| | feedback Fails to identify | search engines) to answer |
| | resources (e.g., texts, search | questions while providing patient |
| | engines) to answer questions while | care |
| | providing patient care | Recognizes limits of knowledge, |
| | Fails to recognize limits of | expertise, and technical skills |
| | knowledge, expertise, and | Describes commonly used study |
| | technical skills | designs (e.g., randomized |
| | Fails to describe commonly used | controlled trial [RCT], cohort; |
| | study designs (e.g., randomized | case-control, cross-sectional) |
| | controlled trial [RCT], cohort; | Applies patient-appropriate |
| | case-control, cross-sectional) | evidence-based information from |
| | Fails to apply patient-appropriate | review articles or guidelines on |
| | evidence-based information from | common topics in practice |
| | review articles or guidelines on | Critically reviews and interprets |
| | common topics in practice Fails to | |
| | critically reviews and interprets | with the ability to identify study |
| | the literature with the ability to | aims, hypotheses, design, and |
| | identify study aims, hypotheses, | biases |
| | design, and biases Fails to tailor | Tailors evidence-based practice |
| | evidence-based practice based on | based on the values and |
| | the values and preferences of each | preferences of each patient |
| | patient | Reads and assesses strength of |
| | - | evidence in current literature and |
| | of evidence in current literature | applies it to one's own practice |
| | | |
| | and applies it to one's own practice | Analyzes his or her own outcomes |

| | | , |
|----------|---|---|
| PBLI 2.3 | outcomes as compared to national standards Fails to design a hypothesis-driven or hypothesis-generating study Fails to contribute to peer-reviewed medical literature Fails to show commitment to self-evaluation, lifelong learning, and patient safety Fails to demonstrate understanding of the basic concepts of QI Fails to read appropriate information | evaluation, lifelong learning, and patient safety Demonstrates understanding of the basic concepts of QI |
| | | |

Table 5. Mapping of PO, CO, EPA, Competency and Sub-competency with level

| | EPA | | Pı | Program outcomes | n out | comes | | Domains and levels of competency | npetency |
|---------|--|-----|----------|------------------|-------|-------|---|---|---------------|
| General | al | | | | | | | | |
| 1 | Gathering a history and performing physical examination | 1 2 | 8 | 4 | | | | MK1.4,3.3/ PC2.3/ICS1.4/P1.3 | |
| 2 | Prioritizing a differential diagnosis following a clinical encounter | 1 2 | ∞ | 4 | | | | MK1.2,2.2,3.3/PC1.2/ICS1.2/SBP2.3/PBL12.2/P1.3 | /PBLI2.2/P1.3 |
| 8 | Recommending and interpreting common diagnostic and screening tests | 1 2 | ω | 4 | | | | MK1.2, 2.2, 3.3/PC 1.2/ICS 1.3/SBP 2.3/PBLI 1.3/P1.3 | 2.3/PBLI |
| 4 | Entering and discussing orders and prescriptions and giving the necessary instructions to the patients | 1 2 | 3 | 4 | | | | MK 1.3, 2.4, 3.3/PC1.3, 3.4, 4.3/ICS1.2, 2.2, 3.3/SBP 1.4, 2.4/P1.2 | CS1.2, 2.2, |
| δ | Documenting a clinical encounter in patient records | 1 2 | 8 | 4 | | | | PC4.2/ICS1.2/ SBP2.2/P1.2 | |
| 9 | Provide an oral presentation of a clinical encounter | 1 2 | 8 | 4 & | 9 | 7 | 6 | PC4.2/ICS1.2/ PBLI2.2/ P1.2 | |
| 7 | Recognize a patient requiring urgent or emergency care and initiate evaluation and management | | | 5 | | | | MK2.3, 5.4/PC 1.4, 2.3, 4.4, 7.4/PBLI 1.3/ICS1.3, 2.3, 3.3/SBP1.3, 3.4/P1.3 | BLI |
| ∞ | Give or receive a patient handover to transition care responsibility | | | ν. | | | | PC1.2,3.2/ICS2.2/PBL12.2/P1.2 | |
| 6 | Obtain informed consent for tests and/or procedures | | | | | | 6 | PC1.2,2.2,4.2/ICS1.2/SBP2.2/ P1.2 | 2 |

| | EPA | | Prog | ram on | Program outcomes | | Domains and levels of competency |
|------------|---|-------|------|--------|------------------|---|--|
| 10 | Collaborate as a member of an interprofessional team | | | | 7 | | ICS2.4/SBP1.2/P2.2 |
| 11 | Form clinical questions and retrieve evidence to advance patient care | | | | - & | | MK1.2, 2.2/PBLI1.2 |
| 12 | Breaking the bad news | 1 2 3 | 4 | | | | ICS 1.4/P 1.3 |
| 13 | Clinical demonstration classes for | 1 2 3 | 4 | | | | MK 1.3,2.3, 3.3, 4.3/PC 1.2/ICS 1.3/P 1.2 |
| Pediatrics | uliuei gi auuates rics | | | | | | |
| 14 | Performing general medical procedures | 1 2 | | N | | 6 | MK 1.3, 2.3/PC 1.3, 2.3/ICS 1.3/PBL 2.3/SBP 1.3/P 1.3 |
| 15 | Performing minor surgical procedures | 1 2 | | v | | 6 | MK1.3, 2.3/PC 1.3, 2.3/ICS 1.3/SBP 1.3/PBLI 2.3/P 1.3 |
| 16 | Identifying organ dysfunction and taking remedial measures | 2 | | N | | 6 | MK 1.4, MK 2.4, MK 3.3/PC 1.3, PC 2.3, PC 3.3, PC 4.3, PC 5.2, PC 6.2/ICS 1.3, ICS 2.2, ICS 3.3/SBP 1.3, SBP 2.3PBL 1.3, 2.1/P 1.2, P2.2 |
| 17 | Assessing the Growth and nutritional status of children | 1 | | | | | MK1.1, 4.2/PC 1.3/ICS 1.2, 2.2/P1.2, 2.2 |
| 18 | Assessing the Development status of children | 1 2 | | 5 | | 6 | MK1.1,MK 4.2/PC 5.2/ICS1.2, ICS 2.2/P1.2, P 2.1 |
| 19 | Advising parents regarding growth and development of a child | 1 2 | | 5 | | 6 | MK 1.1, 3.3, 4.3/PC1.3 /ICS1.3/SBP 2.4/P 1.3 |
| 20 | Attending delivery of a newborn, and breast feeding Counselling | 1 2 | | | | 6 | MK5.3/PC2.2/ICS1.3, 2.2,3.3/SBP1.3/PBLI2.3/ P1.3 |
| 21 | Resuscitation of a sick newborn | 1 2 | | | | 6 | MK 1.3, MK 2.3, MK 5.4/PC1.3, 2.3,3.4, 4.3/ICS1.3, 2.2/PBLI 2.3/P1.3 |
| 22 | Assessment and management plan of common neonatal problems | 1 2 | | | | 6 | MK1.2,1.3,1.4/PC2.2,2.3,2.4,3.2,3.3,3.4,4.2,4.3/ICS1 .3/ SBP1.3,2.3/PBL12.3 |
| 23 | Counselling the mother of a neonate getting discharged | 1 2 | | ς. | | 6 | MK1.3,2.4,3.3,3.4/PC 1.1,1.3,4.2,6.3/ICS 1.2,1.3,2.3/PBL12.3 |

| | EPA | Pı | Program outcomes | es | Domains and levels of competency |
|-----|--|----|------------------|----|--|
| 24 | Counselling the parents of a sick child | 2 | 5 | 6 | MK1.3,2.3/PC1.3,6.3/ICS1.3/PBLI2.3/P1.3 |
| 7.5 | Assessing the need for oxygen and choosing the 1 | 2 | 5 | 6 | MK1.3,2.3/PC2.3,6.3/ICS1.3,3.3/SBP1.3,2.3/ |
| 7 | suitable mode of delivery | | | | PBLI2.3/P1.3 |
| 90 | Knowledge about mechanical ventilation | 2 | 5 | 6 | MK1.3,2.3/PC2.3,6.3/ICS1.3,3.3/SBP1.3,2.3/ |
| 0 | (setting, | | | | PBLI2.3/P1.3 |
| | choosing appropriate mode, and weaning) | | | | |
| 7. | Performing CPR in a child | 2 | 5 | 6 | MK1.3,2.3/PC2.2,6.2/ICS1.4,3.3/SBP1.3,2.3/ |
| /1 | | | | | PBLI2.3/P1.3 |
| 28 | Practice of universal precautions | 2 | δ. | 6 | MK4.3 PBLI 1.2 |
|) | | | | | |
| 00 | Prevention of Hospital acquired infections (Hand 1 | 2 | κ | 6 | MK 4.3/PC 5.4/ICS 1.2/ICS 2.3 |
| 7 | hygiene, etc) | | | | |
| | Research Methodology | | | | |
| 30 | Should be able to write a scientific protocol for | 2 | 5 | 6 | MK 4.3/ICS 3.1/SBP 2.2/PBLI 1.3,2.2 |
| 00 | clinical research | | | | |
| 31 | Reporting and communication of scientific 1 | 2 | 5 | 6 | MK 4.5/PC 3.4/ICS 2.3, 3.3/SBP 2.3/PBLI |
| | research | | | | 1.5,2.3 |

Assessment & Evaluation:

- The Internal Assessment should be conducted in theory and clinical examination every 6 months
- Quarterly assessment during the MD training should be based on following educational activities:
 - 1. Journal based / recent advances learning
 - 2. Patient based /Laboratory or Skill based learning
 - 3. Self-directed learning and teaching
 - 4. Departmental and interdepartmental learning activity
 - 5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal forms (Annexure-2).

8.2 Summative Assessment:

Eligibility for appearing in the final university exam

- O Attendance: 80 % in each year
- o Internal Assessment (100 marks): 70% score in entire 3 years assessed as followed:
- o E-portfolio: 10 marks
- o OSCE: 30 marks
- o Clinical assessment at ward Faculty feedback: 20 marks
- o Academics presentation Faculty feedback: 20 marks
- o Thesis: 10 marks
- Student Enrichment activities: 10 marks
- One poster presentation in International/National/ State level conference.
- o One oral presentation International/National/ State level conference.
- o Submission of one scientific paper for publication to an indexed journal

Postgraduate Examination shall be in three parts:

1. Thesis

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognised Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature. Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination and will be evaluated by two external. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the submission of manuscript and acceptance of the Thesis by the examiners.

2. Theory Examination:

There should be four theory papers, as given below:

- o **Paper I:** Applied basic medical sciences related to Pediatrics
- o **Paper II:** Newborn and Community Pediatrics
- o **Paper III:** General Pediatrics and Pediatric subspecialty
- o **Paper IV:** Emergency Pediatrics, Critical care and Recent Advances

Each theory paper will be of 100 marks i.e. 4 papers – 100 marks each (Total 400). Each paper will have 10 short essay answer questions of 10 marks each.

3. Clinical, Oral/viva voce Examination including Dissertation and Spotters shall be as given below:

Each students will be evaluated with all the components of clinical and viva-voce

- Clinical (200)
 - Long Case: (80)
 - Pediatrics Short case: (40)
 - New born Short Case: (40)
 - Emergency Short Case: (40)
- Viva-voce : (100)
- o Instruments (10)
- o Drugs and Vaccines (10)
- o Radiology including X-ray, CT, MRI, USG (10)
- o Communication (20)

- o OSCE: 5*6 marks (30)
- o Thesis (20)

Pass criteria: The examination MD shall be held at the end of 3rd academic year. There will be four evaluation for each theory paper. The examinations shall be organised on the basis of 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. Student must secure minimum of 40% in each paper and in aggregate 50% overall as far as theory is concerned.

9. Blue print of Weight of the system

Paper I: Applied basic medical sciences related to Pediatrics

| Sl. No. | Disciplin e | Topics | | Marks Allotted | |
|------------|----------------|---|-----|-------------------|---|
| 1 | Anatomy | Embryogenesis, applied anatomy | 20% | 20 | 2 |
| 2 | | Normal biochemical pathways. Inborn errors of metabolism, Nutrition. | 10% | 10 | 1 |
| 3 | Physiolo gy | Fetal and neonatal circulation; regulation of temperature, blood pressure, acid base balance, fluid electrolyte balance and calcium metabolism. | 10% | 10 | 1 |
| 4 | | Pharmacokinetics of common drugs, microbial agents and their epidemiology | 10% | 10 | 1 |
| 5 | | Common infections and their laboratory diagnosis. Immunological tests related to Pediatrics | 20% | 20 | 2 |
| 6 | Patholog y | Hematology, basic immunology | 20% | 20 | 2 |
| 7 | Genetics | Medical genetics | 10% | 10 | 1 |
| 8 | Biostatist ics | biostatistics, clinical epidemiology | 10% | 10 | 1 |

Paper II: Newborn and Community Pediatrics

| Sl. No. | Section | _ | Weight age | Marks Allotted | No. of Question s |
|------------|------------------------|---|---------------|-------------------|-------------------------|
| 1 | Neonatology | Preventive neonatology Neonatal emergencies Diseases of newborn | 30% | 30 | 3 |
| 2 | Growth and development | Growth and its related issues Development and behavioural Pediatrics | 20% | 20 | 2 |
| 3 | Nutrition | Protein energy malnutrition, Breast feeding, IYCF, Vitamin and mineral deficiencies | 10% | 10 | 1 |
| 4 | Infections | Bacterial infection Viral/fungal/protozoaninfection Immunization | 30% | 30 | 3 |
| 5 | • | National health programs related to child health, Rights of the child | 10% | 10 | 1 |

Paper III: General Pediatrics and Pediatric subspecialty

| Sl. No. | Section | Topics | Weight age | Marks Allotted | No. of Questi on |
|------------|---|--------|---------------|-------------------|------------------------|
| 1 | Cardiovascular | | 10% | 10 | 1 |
| 2 | Respiratory | | 10% | 10 | 1 |
| 3 | Gastrointestinal including liver and Hepatobiliary system | | 10% | 10 | 1 |
| 4 | Central nervous system | | 10% | 10 | 1 |
| 5 | Hematology/ Oncology | | 10% | 10 | 1 |
| 6 | Nephrology | | 10% | 10 | 1 |
| 7 | Endocrinology | | 10% | 10 | 1 |
| 8 | Allergy, Immunology | | 10% | 10 | 1 |
| 9 | Musculoskeletal | | 5% | 5 | 1a |
| 10 | Skin/Eye/ENT | | 5% | 5 | 1b |
| 11 | Surgical problems in children | | 10% | 10 | 1 |

Paper IV: Emergency Pediatrics, Critical care and Recent Advances

| Sl. No. | Section | Topics | Weightage | Marks Allotted | No. of Question |
|---------|--|--|-----------|-------------------|--------------------|
| 1 | Recent advances in pediatrics and neonatology | newer diseases Newer investigations. | 20% | 20 | 2 |
| 2 | Newer drugs, therapeutic advances like transplantation | | 10% | 10 | 1 |
| 3 | National Protocols in Paediatrics | | 10% | 10 | 1 |
| 4 | Application of genetics in Pediatrics | | 10% | 10 | 1 |
| 5 | Emergencies in pediatrics- CNS/ Endocrine/ GIT/ Nephrology | | 20% | 20 | 2 |
| 6 | Emergencies in children- fluid electrolytes, IEM | | 10% | 10 | 1 |
| 7 | Poisonings and toxicology | | 10% | 10 | 1 |
| 8 | Critical care/ Ventilation- invasive and non-invasive | | 10% | 10 | 1 |

10. Model Question paper for MD Pediatrics Degree examination

Paper I: Applied basic medical sciences related to Pediatrics

Time: 3 hours Marks: 10*10 marks = 100 marks

- 1. Normal renal development and developmental abnormalities of renal system.
- 2. Regulation of respiration and Pulmonary function tests.
- 3. Digestion and metabolism of Fats with investigations for fat malabsorption.
- 4. (a)Biochemical tests in diagnosis of Wilson's disease
- (b) Metabolic alkalosis
- 5. Pathophysiology of septic shock
- 6. (a) Cephalosporins
- (b) Antimalarial prophylaxis
- 7. Life cycle of tenia solium and its clinical significance
- 8. (a) Chronic granulomatous disease
 - (b) Adverse reactions to vaccines
- 9. (a) FISH
 - (b) Modes of genetic inheritance
- 10. (a) Histopathology of Hodgkin's lymphoma
 - (b) Etiopathogenesis of Protein energy malnutrition

Model Question paper for MD Pediatrics Degree examination

Paper 2: Newborn and Community Pediatrics

Time: 3 hours Marks: 10*10 marks = 100 marks

- 1. Discuss the pathophysiology of erythroblastosis fetalis, clinical features and the prenatal and postnatal management of a Rh negative pregnancy with previous history of Hydrops, now presenting at 24 weeks of gestation.
- 2. Write short notes on:
 - i. Developmental dysplasia of hip in newborn
 - ii. Follow up of high risk neonates
- 3. Write short notes on:
 - (a) Special care newborn units
 - (b) Role of pediatrician in adoption
- 4. A 15 day old term neonate is brought with complaints of malena and hemetemesis. He also has umbilical bleed. On admission, you noticethe child has bleed from IV puncture sites. Discuss the etiology, approach to diagnosis and management of this child
- 5. Write short notes on:
 - (a) Japanese encephalitis vaccine
 - (b) Mission Indradhanush
- 6. Integrated management of neonatal and childhood illness
- 7. Write short notes on:
 - (a) Diagnosis and management of habit disorders (b)Follow up and counselling in Trisomy 21
- 8. Define failure to thrive. Enumerate the causes and briefly discuss your approach to a child withfailure to thrive
- 9. Write short notes on:
 - (a) Adolescent health problems
 - (b) Medium chain triglycerides
- 10. Write short notes on:
 - (a) Congenital syphilis
 - (b) High frequency ventilation

Model Question paper for MD Pediatrics Degree examination

Paper 3: General Pediatrics and Pediatric subspecialty

Time: 3 hours Marks: 10*10 marks = 100

- 1. A 3 week old neonate presented with persistent yellowish discoloration eyes and skin and diaper staining. Discuss your approach to this child. Outline the work up and medical management of the infant.
- 2. Write short notes on:
 - a) Atopic dermatitis
 - b) Systemic onset JIA- diagnosis and management
- 3. A 10 months old child presenting with pallor,hepatosplenomegaly and failure to thrive. Discuss your approach to this child and management of most probable diagnosis.
- 4. Write short notes on:
 - (a) Hearing loss in children
 - (b) Tracheoesophageal fistula
- 5. A 6 yr old boy has wheezing everyday. He presented to casualty with breathlessness unresponsive to his standard medications. Describe acute and long term management of this child.
- 6. Write short notes on
 - (a) Juvenile SLE
 - (b) Peritoneal dialysis
- 7. Discuss the etiopathogenesis pathophysiology, clinical features, complications and management of tubercular meningitis.
- 8. Write short notes on
 - (a) Sick day management in diabetes
 - (b) Wilm's tumor
- 9. 10 year old boy is brought with progressive weakness of the lower limbs developing over a period of 2 days with associated loss of sensations below hip level and loss of bladder and bowel control. The child also has severe pain over the back. Outline the differential diagnosis, work up and management of this child.
- 10. Write short notes on:
 - (a) Precocious puberty
 - (b) Diagnosis and Management of Rheumatic fever

Model Question paper for MD Pediatrics Degree examination

Paper 4: Emergency Pediatrics, Critical care and Recent Advances

Time: 3 hours Marks: 10*10 marks = 100

- 1. Discuss etiopathogenesis, staging, clinical features and recent advances in management of retinopathy of prematurity
- 2. Write short notes on
 - (a) ECMO
 - (b) Imaging studies in urinary tract infections
- 3. Discuss in detail on acute and long term management of various inborn errors of metabolism
- 4. (a)Management of nocturnal enuresis
 - (b)Autoimmune encephalitis
- 5. 4 yr old boy is b/w sudden incessant cry with associated intense sweating. O/E-cold peripheries+, priapism+. CVS- S3 gallop+. RS- basal creps+. What is the diagnosis and how will you manage?
- 6. Role of Gene therapy in Pediatrics
- 7. What is refractory status epilepticus? Outline the investigative approach and management of a child with refractory status epilepticus.
- 8. A nine day old neonate is brought to you with vomiting episodes. Also there are concerns of inability to determine the gender of the child. On examination, child looks dehydrated. Outline the approach to diagnosis and management of this child.
- 9. (a)CPAP in neonates
 - (b) Pain management in children
- 10. (a)Salicylate poisoning
 - (b) Antimalarial drugs

11. Recommended Reference Books

Student should refer to the most recent editions of recommended books

- Nelsons Textbook of Pediatrics, Kliegman et al (Editors), Elsevier Health
- Rudolph's pediatrics, Kline et al (Editors), McGraw-Hill Education
- Ghai Essential Pediatrics, Paul & Bagga (Editors), CBS Publishers
- Forfar & Arneil's Text Book of Pediatrics Campbell, McIntosh
- IAP Text Book of Pediatrics A.Parthasarathy
- PG Textbook of Pediatrics, Gupta et al (Editors), Jaypee Medical Publishers
- Pediatrics Clinical Methods, Meherban Singh (Editor), CBS Publishers
- The Harriet Lane handbook, Kahl & Hughes (Editors), Elsevier Health
- Drug Doses in children, Singh and Deorari (Editors), CBS Publishers

Growth and development

• Illingworths' Development of the Infant and the Young Child, Nair et al (Editors), Elsevier Health

Nutrition

- Nutrition and Child Development, Elizabeth KE (Editor), Paras Publishers
- Management of severe malnutrition: A manual for physicians and other senor health workers. WHOI, Geneva

Infectious diseases

- Feigin and Cherry's Textbook of Pediatric Infectious Diseases, Elsevier Health
- Manson's tropical Diseases, Elsevier Health
- Essentials of tuberculosis in children, Seth & Kabra (Editors), Jaypee Publishers

Emergency and Intensive care

- Fleisher & Ludwig's Textbook of Pediatric Emergency Medicine, Wolters Kluwer Health
- Roger's Textbook of Pediatric intensive care, Wolters Kluwer Health
- Essentials of Pediatric Emergencies & Critical Care Suchitra Ranjith

Neonatology

Cloherty and Stark's Manual of Neonatal Care, Wolters Kluwer Health

- Avery's Neonatology Pathophysiology & Management of the Newborn, Wolters Kluwer Health
- Care of the Newborn, Mehereban Singh (Editor), CBS Publishers
- AIIMS Protocols in Neonatology, Agarwal et al (Editors), CBS Publishers
- Assisted Ventilation of the Neonate, Golodsmith et al (Editors), Elsevier Health
- Textbook of neonatal resuscitation, American Heart Association and American Academy of Pediatrics

Neurology

- Swaiman's Pediatric Neurology: Principles and Practice, Elsevier Health
- Practical Pediatric Neurology, Veena Kalra (Editor), Arya Publications
- Volpe's Neurology of the Newborn, Elsevier Health
- Fenichel's Clinical Pediatric Neurology, Elsevier Health

Cardiology

- Moss & Adam's Heart Disease in Infants, Children and Adolescents, Lippincott Williams and Wilkins
- Park's The Pediatric Cardiology Handbook, Saunders

Gastroenterology

- Diseases of the Liver and Biliary System in Children, Deirdre Kelly (Editor), Wiley
- Textbook of Pediatric Gastroenterology and Nutrition, Stefano Guandalini (Editor), CRC Press
- Guide lines for management of diarrhea in children. -Ministry of Health GOI and WHO/SEARO

Endocrinology

- Pediatric Endocrinology, Sperling (Editor), Elsevier Health
- Case Based Reviews In Pediatric Endocrinology, Jain et al (Editor), Jaypee Publishers
- Endocrinology: Adult and Pediatric, Jameson et al (Editor), Elsevier Health

Nephrology

- Pediatric nephrology, Srivastava et al (Editor), Jaypee Publishers
- Protocols in Pediatric Nephrology, Bagga et al (Editor), CBS Publishers
- Clinical Pediatric Nephrology, Kher & Schnaper (Editors), CRC Press

Hematology & Oncology

• Nathan and Oski's Hematology of Infancy and Childhood, Elsevier Health

Rheumatology

• Cassidy and Petty's Textbook of Pediatric Rheumatology, Elsevier Health

Respiratory Medicine

- Kendig's Disorders of the Respiratory Tract in Children, Elsevier Health
- Case Based Reviews in Pediatric Pulmonology, Kabra et al (Editors), Jaypee Publishers

Journals in Pediatrics & Other Periodicals

- Indian Pediatrics
- Indian Journal of Pediatrics
- Archives of Diseases in Childhood
- Pediatrics
- Journal of Pediatrics
- JAMA Pediatrics
- NEJM
- Lancet
- Pediatrics Clinics of North America
- Journal of Perinatology
- Archives of Diseases in Childhood: Fetal & Neonatal Edition
- Pediatric Critical Care Medicine
- Pediatric Emergency Care
- Pediatric Allergy & Immunology

12. Annexures

Annexure-1: Entrustable Professional Activities Assessment Department of Pediatrics

Entrustable Professional Activities Assessment Form MD Pediatrics

Name of the Resident:

UNI No:

Levels of competence:

- Level I: Knowledge only; can observe
- *Level II(A)*: Can assist properly
- Level II(B): Can do under strict supervision
- *Level III*: Can do under loose supervision (Entrustability decision to be made based on milestones)
- Level IV: Can do independently
- *Level V:* Has expertise to teach others

First year of the residency

| LIIS | t year of the residency | Т | Т | | ı | | |
|------|--|--------------------|---------------|---------|----------|---------|-------------|
| | T.D.A | On the day joining | After 1 month | 1st Ç | uarter | | nd arter |
| | EPAs | Resident | Resident | Faculty | Resident | Faculty | Resident |
| GE | NERAL | | | | | | |
| 1 | Gathering a history and performing physical examination | | | | | | |
| 2 | Prioritizing a differential diagnosis following a clinical encounter | | | | | | |
| 3 | Recommending and interpreting common screening and diagnostic tests and data | | | | | | |
| 4 | Entering and discussing orders and prescriptions and giving the necessary instructions to the patients | | | | | | |
| 5 | Documenting a clinical encounter in patient records | | | | | | |
| 6 | Provide an oral presentation of a clinical encounter | | | | | | |
| 7 | Recognize a patient requiring urgent or emergency care and initiate evaluation and management | | | | | | |
| 8 | Give or receive a patient handover to transition care responsibility | | | | | | |
| 9 | Obtain informed consent for tests and/or procedures | | | | | | |
| 10 | Collaborate as a member of an interprofessional team | | | | | | |
| 11 | Form clinical questions and retrieve evidence to advance patient care | | | | | | |

| 12 | Breaking the bad news | | | | |
|-----|--|----------|---------|----------|---------|
| 13 | Clinical demonstration classes for undergraduates | | | | |
| | Signature of the resident | | | | |
| | Signature of the faculty | | | | |
| | Signature of the HOD | | | | |
| | - | 3rd Qua | arter | 4th qu | arter |
| Ped | iatrics | Resident | Faculty | Resident | Faculty |
| 14 | Performing general medical procedures | | | | |
| 15 | Performing minor surgical procedures | | | | |
| 16 | Identifying organ dysfunction and taking remedial measures | | | | |
| 17 | Assessing the Growth and nutritional status of children | | | | |
| 18 | Assessing the Development status of children | | | | |
| 19 | Advising parents regarding growth and development of a child | | | | |
| 20 | Attending delivery of a new born, and breast feeding counselling | | | | |
| 21 | Resuscitation of a sick new born | | | | |
| 22 | Assessment and management plan of common neonatal problems | | | | |
| 23 | Counselling the mother of a neonate getting discharged | | | | |
| 24 | Counselling the parents of a sick child | | | | |
| 25 | Assessing the need for oxygen and choosing the suitable mode of delivery | | | | |
| 26 | Knowledge about mechanical ventilation (setting, choosing appropriate mode, and weaning) | | | | |
| 27 | Performing CPR/PALS in a child | | | | |
| 28 | Practice of universal precautions | _ | | | |
| 29 | Prevention of Hospital acquired infections (Hand hygiene, etc) | | | | |
| | Research Methodology | | | | |
| 30 | Should be able to write a scientific protocol for clinical research | | | | |
| 31 | Reporting and communication of scientific research | | | | |

| Signature of the resident | | |
|---------------------------|--|--|
| Signature faculty | | |
| Signature of the HOD | | |

Second year of the residency

| Sec | ond year of the residency | | | , | |
|-----|--|-----------------------|---------|----------------------|---------|
| | | 1 st 6 mon | ths | 2 nd 6 mo | nths |
| | Pediatrics | Resident | Faculty | Resident | Faculty |
| 14 | Performing general medical procedures | | | | |
| 15 | Performing minor surgical procedures | | | | |
| 16 | Identifying organ dysfunction and taking remedial measures | | | | |
| 17 | Assessing the Growth and nutritional status of children | | | | |
| 18 | Assessing the Development status of children | | | | |
| 19 | Advising parents regarding growth and development of a child | | | | |
| 20 | Attending delivery of a new born, and breast feeding counselling | | | | |
| 21 | Resuscitation of a sick new born | | | | |
| 22 | Assessment and management plan of common neonatal problems | | | | |
| 23 | Counselling the mother of a neonate getting discharged | | | | |
| 24 | Counselling the parents of a sick child | | | | |
| 25 | Assessing the need for oxygen and choosing the suitable mode of delivery | | | | |
| 26 | Knowledge about mechanical ventilation (setting, choosing appropriate mode, and weaning) | | | | |
| 27 | Performing CPR/PALS in a child | | | | |
| 28 | Practice of universal precautions | | | | |
| 29 | Prevention of Hospital acquired infections (Hand hygiene, etc.) Research Methodology | | | | |
| 30 | Should be able to write a scientific protocol for clinical research | | | | |

| 31 | Reporting and communication of scientific research | | |
|-----|--|--|--|
| Sig | nature of the resident | | |
| Sig | gnature faculty | | |
| Sig | nature of the HOD | | |

Third year of the residency

| 1111 | rd year of the residency | 1st6 mon | ths | 2 nd 6 months | | | |
|------|--|----------|---------|--------------------------|---------|--|--|
| Ped | Pediatrics | | Faculty | Resident 6 | Faculty | | |
| 14 | Performing general medical procedures | | | | | | |
| 15 | Performing minor surgical procedures | | | | | | |
| 16 | Identifying organ dysfunction and taking remedial measures | | | | | | |
| 17 | Assessing the Growth and nutritional status of children | | | | | | |
| 18 | Assessing the Development status of children | | | | | | |
| 19 | Advising parents regarding growth and development of a child | | | | | | |
| 20 | Attending delivery of a new born, and breast feeding counselling | | | | | | |
| 21 | Resuscitation of a sick new born | | | | | | |
| 22 | Assessment and management plan of common neonatal problems | | | | | | |
| 23 | Counselling the mother of a neonate getting discharged | | | | | | |
| 24 | Counselling the parents of a sick child | | | | | | |
| 25 | Assessing the need for oxygen and choosing the suitable mode of delivery | | | | | | |
| 26 | Knowledge about mechanical ventilation (setting, choosing appropriate mode, and weaning) | | | | | | |
| 27 | Performing CPR/PALS in a child | | | | | | |
| 28 | Practice of universal precautions | | | | | | |
| 29 | Prevention of Hospital acquired infections (Hand hygiene, etc) | | | | | | |
| | Research Methodology | | | | | | |

| 30 | Should be able to write a scientific protocol for clinical research | | |
|------|---|--|--|
| 31 | Reporting and communication of scientific research | | |
| Sign | nature of the resident | | |
| Sign | nature faculty | | |
| Sign | nature of the HOD | | |

Annexure 2: Postgraduate Students Appraisal Form Sri Balaji Vidyapeeth Department of Pediatrics

Postgraduate Students Appraisal Form

| Name of the PG Student: | UNI No: |
|-------------------------|---------|
| Period of TrainingFROM | .TO |

| Sr. No. | PARTICULARS | Not Satisfactory | Satis | factory | More Than Satisfactory | Remarks |
|------------|--|------------------|-------|-------------|---------------------------|---------|
| | | 123 | 4 | - 56 | 789 | _ |
| 1. | Journal based / recent advances learning | | - | | | - |
| 2. | Patient based /Laboratory or Skill based learning | | | | | |
| 3. | Self directed learning and teaching | | _ | | | _ |
| 4. | Departmental and interdepartmental learning activity | | | | | |
| 5. | External and Outreach Activities / CMEs | | - | | | - |
| h | Thesis / Research work | | - | | | - |
| 7. | E-portfolio Maintenance | | | | | |

| Publications Y | Yes/ No | | |
|-----------------------|---------|--|--|
| Remarks* | | | |

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT

SIGNATURE OF HOD

Annexure 3: Multisource feedback Sri Balaji Vidyapeeth Department of Pediatrics

^{*}REMARKS: Any significant positive or negative attributes of a postgraduate student to be mentioned. For score less than 4 in any category, remediation must be suggested. Individual feedback to postgraduate student is strongly recommended.

Evaluation Sheet For Postgraduate Clinical Work

(To be completed by respective Unit Head)

| | e of the Resident:e of the Faculty: | | | | | | | |
|------------|--|---------------|------------|---------------|--|--|--|--|
| C1 | | Score | | | | | | |
| Sl. No. | Criteria to be assessed | Below par (1) | At par (2) | Above par (3) | | | | |
| 1. | History taking and physical examination | | | | | | | |
| 2. | Regularity and punctuality | | | | | | | |
| 3. | Ability to identify patient's problems | | | | | | | |
| 4. | Patient management skills | | | | | | | |
| 5. | Procedural skills / range of clinical technical skills | | | | | | | |
| 6. | Self directed learning | | | | | | | |
| 7. | Communication skills | | | | | | | |
| 8. | Proper and complete documentation | | | | | | | |
| 9. | Relationship with peers | | | | | | | |
| 10. | Works constructively in the health care system | | | | | | | |
| | | Total score: | | | | | | |
| | General Comments: | | | | | | | |
| | Highlights in performance (strengths) | | | | | | | |
| | Possible suggested areas for improvement (weak | ness) | | | | | | |

Signature:

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry – 607 402 Evaluation Sheet for Postgraduate Clinical Work

(To be completed by Nurse / Technician / Other Health Professionals)

| | of the Resident: | | UIN No.: | | | | | |
|------------|--|---------|----------|---------|--|--|--|--|
| Name | of the Respondent: | | | | | | | |
| | | Score | | | | | | |
| Sl. No. | Criteria to be assessed | Below | At | Above | | | | |
| 110. | | par (1) | par (2) | par (3) | | | | |
| 1. | Shows a caring attitude to patients | | | | | | | |
| 2. | Is respectful towards patients | | | | | | | |
| 3. | Shows no prejudice in the care of patients | | | | | | | |
| 4. | Communicates effectively with patients | | | | | | | |
| 5. | Empathetic Counselling of patient's relatives | | | | | | | |
| 6. | Communicates effectively with colleagues | | | | | | | |
| 7. | Communicates effectively with other health professionals | | | | | | | |
| 8. | Allows them to express their doubts or concern regarding | | | | | | | |
| | clinical decisions | | | | | | | |
| 9. | Proper and complete documentation | | | | | | | |
| 10. | Works constructively in the health care system | | | | | | | |
| | · | Total | | | | | | |
| | | score: | | | | | | |
| | General Comments: | | | | | | | |
| | Highlights in performance (strengths) | | | | | | | |
| | Possible suggested areas for improvement (weakness) | ess) | | | | | | |
| | Signature: | | | | | | | |

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry – 607 402 Evaluation Sheet For Postgraduate Clinical Work

(To be completed by Patient/Relative)

| Name of the Respondent: Date: Score | 0110 |
|---|------|
| Score | 0110 |
| | 0110 |
| Sl. No. Criteria to be assessed Below At par Ab | ove |
| par (1) (2) par | (3) |
| 1. Shows a caring attitude to patients | |
| 2. Is respectful towards patients | |
| 3. Shows no prejudice in the care of patients | |
| 4. Communicates effectively with patients | |
| 5. Empathetic Counselling of patient's relatives | |
| 6. Effectively counsels patients | |
| preoperatively and postoperatively | |
| 7. Takes religious and social considerations into | |
| account when making decisions | |
| 8. Allows patients to make an informed decision | |
| regarding management and allows them to | |
| express their doubts and concerns 9. Takes financial situation of patient into | |
| 9. Takes financial situation of patient into consideration | |
| when making decisions | |
| 10. Discusses each step of the management with the | |
| patient and relatives | |
| Total | |
| score: | |
| General Comments: | |
| | |
| III ablights in newforms on as (strong aths) | |
| Highlights in performance (strengths) | |
| | |
| Possible suggested areas for improvement (weakness) | |
| | |
| | |

Signature:

Sri Balaji Vidyapeeth Pillaiyarkuppam, Puducherry – 607 402 Evaluation Sheet For Postgraduate Clinical Work

| (To be completed by Peer) | |
|---------------------------|----------|
| Name of the Resident: | UIN No.: |
| Name of the Respondent: | Date: |

| CI | Criteria to be assessed | | Score | | | | | |
|------------|--|---------|--------|---------|--|--|--|--|
| Sl. No. | | Below | At par | Above | | | | |
| | | par (1) | (2) | par (3) | | | | |
| 1. | Shows a caring attitude to patients | | | | | | | |
| 2. | Is respectful towards patients | | | | | | | |
| 3. | Shows no prejudice in the care of patients | | | | | | | |
| 4. | Communicates and counsels effectively | | | | | | | |
| | patients and patient's relatives | | | | | | | |
| 5. | Critically evaluates and uses patient outcomes to | | | | | | | |
| | improve patient care | | | | | | | |
| 6. | Communicates effectively with colleagues | | | | | | | |
| 7. | Communicates effectively with other health professionals | | | | | | | |
| 8. | Acknowledges gaps in personal knowledge and | | | | | | | |
| | expertise, and frequently asks for feedback | | | | | | | |
| 9. | Regularity and punctuality of attendance | | | | | | | |
| 10. | Works constructively in the health care system | | | | | | | |
| | | Total | | | | | | |
| | | score: | | | | | | |
| | General Comments: | | | | | | | |
| | Highlights in performance (strengths) | | | | | | | |
| | Possible suggested areas for improvement (weakness) | | | | | | | |
| | Signature: | | | | | | | |

Annexure 4: Work Place Based Assessment (WPBA) Sri Balaji Vidyapeeth Pillaiyarkuppam, Puducherry – 607 402 Department of Pediatrics

Department of Pediatrics Evaluation Sheet For Postgraduate (WPBA)

| Name of the Resident: | | | UIN | No.: | | | | | | | | |
|--|----------|------|------|---------|------|--------------|--------|--------|--------------|-------|-------------|------|
| Name of the Faculty: | | | | . Date: | | | | | | | | |
| Designation: | | | | | | | | | | | | |
| No. of Mini-CEX Observed: | | | 0 | 1 | 2 | | 3 | 4 | | 5-9 | >9 | |
| Clinical setting OPD | I | P | | A& | E | | | N | ew/ | Follo | w up: | |
| Clinicalproblem: | | | | | | | | | | | | |
| Complexity of the case: | Low | | | Avg. | | Hig | gh | | | | | |
| No. of times patient seen | by the s | tude | nt: | 0 | 1 | 2 | | 3 | 4 | 5-9 | 9 > | 9 |
| History taking skill Physical examination skill | atio | ect | Boro | derline | Me | eet pecta | tion | Abo | ove ectat | ion | Not obse | rved |
| Communication skill | | | | | | | | | | | | |
| Clinical judgement Professionalism Organisational efficiency Overall clinical care | | | | | | | | | | | | |
| Any thing good: | | | | | Sugg | estion | ns for | improv | vemei | nt: | | |
| Agreed upon action: | | | | | | | | | | | | |
| Signature of the resident | | | | | Sign | ofuro. | of the | Δεερε | sor | | | |

Annexure 5: Feedback for Journal club Sri Balaji Vidyapeeth Department of Pediatrics Evaluation Sheet For Postgraduate Journal Club

| (To be marked individually by each faculty) | |
|---|----------|
| Name of the Resident: | UIN No.: |
| Name of the Faculty: | Date: |

| G | | Score | | | |
|-----------|--|---------------|------------|---------------|--|
| S. No. | Criteria to be assessed | Below par (1) | At par (2) | Above par (3) | |
| 1 | Relevance of article chosen | (1) | | (3) | |
| 2 | Identifies the problem addressed in the paper | | | | |
| 3 | Completeness of presentation | | | | |
| 4 | Analyses and gives comments on methodology and statistics | | | | |
| 5 | Brief summary of results | | | | |
| 6 | Comparison of work with other published work | | | | |
| 7 | Merits and demerits of the paper | | | | |
| 8 | Summary and take home message | | | | |
| 9 | Time management | | | | |
| 10 | Overall performance – relevant answers to | | | | |
| | questions, attitude during presentation and | | | | |
| | confidence | | | | |
| | | Total | | | |
| | | score: | | | |
| | General Comments: | | | | |
| | Highlights in performance (strengths) Possible suggested areas for improvement (weakness) | | | | |
| | | | | | |
| | | Signature: | | | |

Annexure 6: Feedback for Seminar

Sri Balaji Vidyapeeth

Department of Pediatrics Evaluation Sheet For Postgraduate Seminar

| | be marked individually by each faculty) | | | | |
|-----------------------|---|--------------|---------|---------|--|
| Name of the Resident: | | UIN No.: | | | |
| Nam | ne of the Faculty: | Date | : | | |
| S. | Criteria to be assessed | Score | ore | | |
| No. | | Below | At | Above | |
| | | par (1) | par (2) | par (3) | |
| 1 | Introduction of subject and its importance / Objectives | | | | |
| 2 | Completeness of presentation | | | | |
| 3 | Cogency of presentation | | | | |
| 4 | Consulted all relevant literature | | | | |
| 5 | Use of audio-visual aids | | | | |
| 6 | Understanding of subject | | | | |
| 7 | Summary and take home message | | | | |
| 8 | Cites appropriate references / suggests | | | | |
| 0 | further reading | | | | |
| 9 | Time management | | | | |
| 10 | Overall performance – relevant answers to | | | | |
| | questions, attitude during presentation and | | | | |
| | confidence | T-4-1 | | | |
| | | Total score: | | | |
| 1 | General Comments: | score. | | | |
| | | | | | |
| 2 | Highlights in performance (strengths) | | | | |
| 3 | Possible suggested areas for improvement (we | akness) | | | |

Signature:

Annexure 7: Feedback for Case presentation Sri Balaji Vidyapeeth Department of Pediatrics

Evaluation Sheet For Postgraduate Case Presentation

| Nan | be marked individually by each faculty) ne of the Resident: ne of the Faculty: | UIN No. Date: | : | |
|-----|--|------------------|----------|-------|
| S. | | Score | | |
| No. | Criteria to be assessed | Below par | At par | Above |
| | | (1) | (2) | (3) |
| 1 | Logical order in presentation (History taking) | (-) | (-) | |
| 2 | Cogency of presentation | | | |
| 3 | Accuracy and completeness of general and local physical | | | |
| | examination | | | |
| 4 | Other systemic examination | | | |
| 5 | Summarizes the case and analyses the appropriate differential diagnoses | | | |
| 6 | Whether the diagnosis follows logically from history and | | | |
| | findings | | | |
| 7 | Investigations required : Completeness of list, relevant | | | |
| | order, interpretation of investigations | | | |
| 8 | Management principles and details | | | |
| 9 | Time management | | | |
| 10 | Overall performance – relevant answers to questions, | | | |
| | attitude during presentation and confidence | - 1 | | |
| | | Total | | |
| | General Comments: | score: | | |
| | | | | |
| | Highlights in performance (strengths) | | | |
| | Possible suggested areas for improvement (weakness) |) | | |
| | Signature: | | | |