SRI BALAJI VIDYAPEETH

(Deemed - to be - University u/s 3 of UGC Act, 1956) Pillaiyarkuppam, Puducherry – 607 402

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



COMPETENCY BASED POSTGRADUATE CURRICULUM
M.D. GENERAL MEDICINE
2021

Preface

The promulgation of the much-awaited Competency Based Medical Education (CBME) for post graduate programs by the National Medical Council 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 realised 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.

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Preface

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 Although NMC has described three domains of levels, for each sub-competency. competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of assessment. 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 and is used in this document. The sub-competency and their milestone levels are mapped into the entrustable professional activities(EPA) that are specific to the individual postgraduate program. While doing all this, the syllabus prescribed by NMC is fully incorporated into the curriculum. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPAs 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 Director eLearning, I/C refining CoBaLT

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Foreword

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This document named postgraduate curriculum for the MD General Medicine has been prepared in the accordance with the document notified by Board of Governors in suppression of MCI https://www.mciindia.org/CMS/information-desk/for-colleges/pg-curricula-2. This document has been prepared by the Department of General Medicine of MGMCRI, Pondicherry, ratified by the Board of Studies on 02-08-2021 and approved by Academic Council of Sri Balaji Vidyapeeth, a deemed to be university, accredited 'A' Grade by NAAC.

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List of Abbreviations and Acronyms

PEO - Programme Education Outcome

PO - Programme Outcome

CO - Course Outcome

MK - Medical Knowledge

PC/PS - Patient Care / Procedural skill

IPCS - Interpersonal Communication Skills

P - Professionalism

PBLI - Practice Based Learning and Implementation

SBPI - System Based Practice and Implementation

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Sri Balaji VidyapeethUniversity Department of General Medicine Post - Graduate Program

1. Preamble

The purpose of PG education is to create specialists who would provide high quality health care and advance the cause of science through research & training. The purpose of MD General Medicine is to standardize General Medicine teaching at Post Graduate level throughout the country so that it will benefit in achieving uniformity in undergraduate teaching as well and resultantly creating competent Physician with appropriate expertise.

The purpose of this document is to provide teachers and learners illustrative guidelines to achieve defined outcomes through learning and assessment. This document was prepared by subject-content specialists. The Reconciliation Board of Academic Council has attempted to render uniformity without compromise to purpose and content of the document. Compromise in purity of syntax has been made in order to preserve the purpose and content. This has necessitated retention of "domains of learning" under the heading "competencies".

2. Program Educational Objectives (PEO):

PEO1: Specialist who can provide comprehensive care related to General Medicine over and above the physician of first contact.

PEO2: Leader and team member who understand health care system and act to provide safe patient care with accountability and responsibility.

PEO3: Communicator possessing adequate communication skill to convey required information in an appropriate manner in various health care setting.

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):

After three years of residency program postgraduate should be able to

- **PO 1:** Practice efficiently internal medicine specialty, backed by scientific knowledge including basic sciences and skills.
- **PO 2:** Diagnose and manage majority of conditions in his specialty clinically and with the help of relevant investigations.
- **PO 3:** Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.
- **PO 4:** Plan and deliver comprehensive treatment using the principles of rational drug therapy.
- **PO 5:** Plan and advice measures for the prevention and rehabilitation of patients belonging to his specialty.
- PO 6: Manage emergencies efficiently by providing Basic Life Support (BLS) and Advanced Life Support (ALS) in emergency situations& takes the role of team leader in delivering effective resuscitation
- **PO 7:** Demonstrate skills in documentation of case details including epidemiological Data.
- **PO 8:** Play the assigned role in the implementation of National Health Programs.
- **PO 9:** Demonstrate competence in basic concepts of research methodology and clinical epidemiology; and preventive aspects of various disease states.
- **PO 10:** Be a motivated 'teacher' defined as one keen to share knowledge and skills with a colleague or a junior or any learner.
- **PO 11:** Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources.
- **PO 12:** Be well versed with his medico-legal responsibilities.
- **PO 13:** Undertake audit, use information technology tools and carry out research both basic and clinical, with the aim of publishing thework and presenting the work at scientific forums.

4. Course and Course Objectives (CO):

4.1 Course 1 (C1): Applied Basic Medical Sciences

Objectives: At the end of three years post graduate student should have

- CO 1.1. Applied knowledge on anatomy including embryology, physiology & biochemical functions of various organs & correlation with disease pathogenesis
- **CO 1.2:** Applied knowledge about various microorganisms, their special characteristics important for their pathogenic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
- **CO 1.3:** Applied knowledge on pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases
- CO 1.4: Applied knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs. To create awareness on reporting adverse drug events & to initiate necessary treatment

4.2 Course 2 (C2): General Medicine including Pediatrics, Dermatology &Psychiatry

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

- **CO 2.1.** Provide quality care in diagnosis, management & prevention of complications of non-communicable diseases like Hypertension diabetes CKD etc..
- CO 2.2. Approach a patient with symptoms & clinical signs arrive at possible available investigations & come to a diagnosis. Refer to a specialist if necessary
- **CO 2.3.** Able to early diagnose & treat the inherited disorders of metabolism, late manifestations of some congenital diseases, nephrotic syndromes
- CO 2.4. Manage emergencies & critically ill patients in providing utmost care with ethical treatment for better outcome of the patients.
- **CO 2.5.** Diagnose a skin lesion & correlate with systemic manifestations of the underlying disease. Refer to specialist if necessary
- CO 2.6. Recognize the mental condition characterized by self-absorption and reduced ability to respond to the outside world abnormal functioning in social interaction with or without repetitive behavior and/or poor communications, Drug abuse, Addictions, Recognizing suicidal risk & refer to specialist if necessary

4.3 Course 3 (C3): Tropical Medicine, Environmental Medicine and Nutritional disorders

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

CO 3.1. Able to diagnose infective diseases such as dengue, malaria, scrub typhus, air borne infections, and parasitic infections etc. their complications, community acquired syndromes & gives appropriate treatment as per guidelines. Plays a pivotal role in prevention of those diseases & have knowledge on adult vaccines.

- **CO 3.2.** Able to resuscitate & treat acute poisoning/ bites cases takes adequate measures for reporting such cases in medico legal aspects.
- **CO 3.3**. Able to manage patients of environmental disease or emergencies such as heat stroke, drowning, High altitude medicine etc. & play a pivotal role in disaster management
- **CO 3.4.** Able to diagnose & treat the nutritional disorders & management of nutrition in critically ill patients

Course 4 (C4): Geriatrics & Recent advances in Medicine

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

- **CO 4.1:** Give quality care for Geriatric patients e.g., Geriatric emergencies, fall, Polypharmacy, Palliative care.
- CO 4.2: Have broad knowledge about recent updates in medicine & able to provide updated quality evidence based treatment to the community. Update himself on recent advances, follows Evidence based Medicine. Have knowledge on Medical Statistics, Research Methodology, Audit, Critical reading of medical articles
- **CO 4.3:** Deliver health care by Telemedicine system to stable patients with minor illness.
- CO 4.4: Effectively diagnose & manage medical complications of Obstetric patients such as Gestational Diabetes, Pregnancy induced Hypertension, Hypothyroidism etc. & give quality care.

The PEO, PO and the CO are mapped with each other. (**Table 1**)

	PEO	1			PEO	2	PEO	3	PEO	4	PEO 5		
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	PO13
C1	Y	Y		Y			Y	Y	Y				
C2	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
С3	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y
C4										Y	Y		Y

Table 1. Mapping of PEO, PO and CO

All courses run concurrently for 3 years with a summative assessment at the end of 3 years.

5. Competencies, Sub-Competencies and Milestones

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 essential for a specialist. Formative assessment is carried out every three months using appropriate tools, for identifying eligibility for transfer of trust

At the end of the MD General Medicine, the student should have acquired various competencies i.e.

- 1. Patient Care (PC)
- 2. Medical Knowledge (MK)
- 3. Interpersonal Communication Skill (ICS)
- 4. System Based Practice (SBP)
- 5. Practice Based Learning and Implementation (PBLI)
- 6. Professionalism (PROF)

Details of each with milestone as level is described below. (Table 2)

Table2. Description of Competencies, Sub-competencies and Milestone

Patient care (PC)

Demonstrates satisfactory development of the knowledge, skill, and attitudes/ behaviours needed to advance in training. He/she demonstrates a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centred, timely, efficient and equitable care.

PC 1- Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).

Level 1	Level 2	Level 3	Level 4	Level 5
Does not collect accurate historical data	Inconsistently able to acquire accurate historical	Consistently acquires accurate and relevant	Acquires accurate histories from patients in an	Obtains relevant historical subtleties, including
Does not use physical exam to confirm history	information in an organized fashion	histories from patients Seeks and obtains data	efficient, prioritized, and hypothesis driven fashion	sensitive information that informs the differential diagnosis
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not perform an appropriately thorough physical exam or misses key physical exam findings	from secondary sources when needed Consistently performs accurate and appropriately	Performs accurate physical exams that are targeted to the patient's complaints Synthesizes data to	Identifies subtle or unusual physical exam findings Efficiently utilizes all
Fails to recognize patient's central clinical problems	Does not seek or is overly reliant on secondary data	thorough physical exams Uses collected data to define a patient's central	generate a prioritized differential diagnosis and problem list	sources of secondary data to inform differential diagnosis
Fails to recognize potentially life threatening problems	Inconsistently recognizes patient's central clinical problem or develops limited differential Diagnoses	clinical problem(s)	Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing

PC2 - Develops and achieves comprehensive management plan for each patient.

Level 1	Level 2	Level 3	Level 4	Level 5
Care plans are consistently	Inconsistently develops an	Consistently develops	Appropriately modifies	Role models and teaches
inappropriate or inaccurate	appropriate care plan	appropriate care plan	care plans based on	complex and
			patient's clinical course,	patient-centered care
Does not react to situations	Inconsistently seeks	Recognizes situations	additional data, and patient	
that require urgent or	additional guidance when	requiring urgent or	preferences	Develops customized,
emergent care		emergent care		prioritized care plans for
	Needed		Recognizes disease	the most complex patients,
Does not seek additional	Seeks guidance & he is	Seeks additional guidance	presentations that deviate	incorporating diagnostic
guidance when needed	over dependent	and/or consultation as	from common patterns and	uncertainty and cost
		Appropriate	require complex decision-	effectiveness principles
			making	
			Manages complex acute	
			and chronic diseases	

PC 3- Manages patients with progressive responsibility and independence.

Level 1	Level 2	Level 3	Level 4	Level 5
Cannot advance beyond	Requires direct	Requires indirect	Independently manages	Manages unusual, rare, or
the need for direct	supervision to ensure	supervision to ensure	patients across inpatient	complex disorders
supervision in the delivery	patient safety and quality	patient safety and quality	and ambulatory clinical	_
of patient care	care	care	settings who have a broad	
			spectrum of clinical	
Cannot manage patients	Inconsistently manages	Provides appropriate	disorders including	
who require urgent or	simple ambulatory	preventive care and	undifferentiated	
emergent care	complaints or common	chronic disease	syndromes	
	chronic diseases	management in the		
Does not assume		ambulatory setting	Seeks additional guidance	
responsibility for patient	Inconsistently provides		and/or consultation as	

management decisions	preventive care in the ambulatory setting Inconsistently manages patients with straight forward diagnoses in the inpatient setting Unable to manage complex inpatients or patients requiring intensive	Provides comprehensive care for single or multiple diagnoses in the inpatient setting Under supervision, provides appropriate care in the intensive care unit Initiates management plans for urgent or	Appropriately manages situations requiring urgent or emergent care Effectively supervises the management decisions of the team	
	patients requiring intensive care	plans for urgent or emergent care Cannot independently supervise care provided by junior members of the		
		physician-led team		

PC 4- Skill in performing procedures

Level 1	Level 2	Level 3	Level 4	Level 5
Attempts to perform procedures without sufficient technical skill or supervision	Possesses insufficient technical skill for safe completion of common procedures	Possesses basic technical skill for the completion of some common procedures	Possesses technical skill and has successfully performed all procedures required for certification	Maximizes patient comfort and safety when performing procedures
Unwilling to perform procedures when qualified and necessary for patient care	procedures		required for certification	Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice
				Teaches and supervises the

		performance of procedures by junior members of the
		team

PC 5- Requests and provides consultative care

Level 1	Level 2	Level 3	Level 4	Level 5
Is unresponsive to	Inconsistently manages	Provides consultation	Provides consultation	Switches between the role
questions or concerns of	patient as a consultant to	services for patients with	services for patients with	of consultant and primary
others when acting as a	other physicians/ health	clinical problems requiring	basic and complex clinical	physician with ease
consultant or utilizing	care teams	basic risk assessment	problems requiring	
consultant services			detailed risk assessment	Provides consultation
	Inconsistently applies risk	Asks meaningful clinical		services for patients with
Unwilling to utilize	assessment principles to	questions that guide the	Appropriately weighs	very complex clinical
consultant services when	patients while acting as a	input of consultants	recommendations from	problems requiring
appropriate for patient care	consultant	_	consultants in order to	extensive risk assessment
			effectively manage patient	
	Inconsistently formulates a		care	Manages discordant
	clinical question for a			recommendations from
	consultant to address			multiple consultants

Medical Knowledge (MK) - Demonstrates satisfactory development of the knowledge, skill, and attitudes / behaviors needed to advance in training. He/she demonstrates a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe effective, patient-centered, timely, efficient and equitable care.

MK 1- Clinical knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
Lacks the scientific,	Possesses insufficient	Possesses the scientific,	Possesses the scientific,	Possesses the scientific,
socioeconomic or	scientific, socioeconomic	socioeconomic and	socioeconomic and	socioeconomic and
behavioral knowledge	and behavioral knowledge	behavioral knowledge	behavioral knowledge	behavioral knowledge
required to provide patient	required to provide care	required to provide care	required to provide care	required to successfully

care	for common medical	for common medical	for complex medical	diagnose and treat
	conditions and basic	conditions and basic	conditions and	medically uncommon,
	preventive care	preventive care	comprehensive preventive	ambiguous and complex
			care	conditions

MK2- Knowledge of diagnostic testing and procedures

Level 1	Level 2	Level 3	Level 4	Level 5
Lacks foundational	Inconsistently interprets	Consistently interprets	Interprets complex	Anticipates and accounts
knowledge to apply	basic diagnostic tests	basic diagnostic tests	diagnostic tests accurately	for pitfalls and biases
diagnostic testing and		accurately		when interpreting
procedures to patient care	Does not understand the		Understands the concepts	diagnostic tests and
	concepts of pre-test	Needs assistance to	of pre-test probability and	procedures
	probability and test	understand the concepts of	test performance	
	performance	pre-test probability and	characteristics	Pursues knowledge of new
	characteristics	test performance		and emerging diagnostic
		characteristics	Teaches the rationale and	tests and procedures
	Minimally understands the		risks associated with	
	rationale and risks	Fully understands the	common procedures and	
	associated	rationale and risks	anticipates potential	
		associated with common	complications when	
		procedures	performing procedures	

Systems-based practice (SBP)- Demonstrates satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she demonstrates a learning trajectory that anticipates the achievement of competency for unsupervised practice that include the delivery of safe, effective, patient-centered, timely, efficient and equitable care

SBP 1- Works effectively within an inter-professional team (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)

Level 1	Level 2	Level 3	Level 4	Level 5
Refuses to recognize the	Identifies roles of other	Understands the roles and	Understands the roles and	Integrates all members of
contributions of other	team members but doesn't	responsibilities of all team	responsibilities of and	the team into the care of
inter-professional team	recognize how/when to	members but uses them	effectively partners with,	patients, such that each is
members	utilize them as resources	ineffectively	all members of the team	able to maximize their
				skills in the care of the
Frustrates team members	Frequently requires	Participates in team	Actively engages in team	patient
with inefficiency and	reminders from team to	discussions when required	meetings and collaborative	
errors	complete physician	but does not actively seek	decision-making	Efficiently coordinates
	responsibilities (e.g. talk to	input from other team	_	activities of other team
	family, enter orders	members		members to optimize care
				Viewed by other team
				members as a leader in the
				delivery of high quality
				care

SBP 2-Recognizes system error and advocates for system improvement

Level 1	Level 2	Level 3	Level 4	Level 5
Ignores a risk for error	Does not recognize the	Recognizes the potential	Identifies systemic causes	Advocates for system
within the system that may	potential for system error	for error within the system	of medical error and	leadership to formally
impact the care of a patient			navigates them to provide	engage in quality
	Makes decisions that could	Identifies obvious or	safe patient care	assurance and quality
Ignores feedback and is	lead to error which are	critical causes of error and	_	improvement activities
unwilling to change	otherwise corrected by the	notifies supervisor	Advocates for safe patient	
behavior in order to reduce	system or supervision	accordingly	care and optimal patient	Viewed as a leader in
the risk for error			care systems	identifying and advocating
	Resistant to feedback	Recognizes the potential		for the prevention of
	about decisions that may	risk for error in the	Activates formal system	medical error
	lead to error or otherwise	immediate system and	resources to investigate	
	cause harm	takes necessary steps to	and mitigate real or	Teaches others regarding
		mitigate that risk	potential medical error	the importance of
				recognizing and mitigating
		Willing to receive	Reflects upon and learns	system error
		feedback about decisions	from own critical incidents	
		that may lead to error or	that may lead to medical	
		otherwise cause harm	error	

SBP 3- Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care

Level 1	Level 2	Level 3	Level 4	Level 5
Ignores cost issues in the	Lacks awareness of	Recognizes that external	Consistently works to	Teaches patients and
provision of care	external factors (e.g.	factors influence a	address patient specific	healthcare team members
	socioeconomic, cultural,	patient's utilization of	barriers to cost effective	to recognize and address
Demonstrates no effort to	literacy, insurance status)	health care and may act as	care	common barriers to cost
overcome barriers to cost	that impact the cost of	barriers to cost effective		effective care and
effective care	health care and the role	care	Advocates for	appropriate utilization of
	that external stakeholders		cost-conscious utilization	resources

(e.g. providers, suppliers, financers, purchasers) have on the cost of care Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Possesses an incomplete understanding of cost awareness principles for a population of patients (e.g.	of resources (i.e. emergency department visits, hospital readmissions) Incorporates cost-awareness principles into standard clinical	Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost effective high quality care
	1 * *	- _ -	nigh quality care
		decision-making, including screening tests	

SBP 4- Transfer patients effectively within and across health delivery systems

Level 1	Level 2	Level 3	Level 4	Level 5
Disregards need for communication at time of transfer Does not respond to requests of caregivers in	Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems	Recognizes the importance of communication during times of transfer Communication with future caregivers is present	Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems	Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes
other delivery systems	Written and verbal care plans during times of transfer are incomplete or absent Inefficient transfers of care	but with lapses in pertinent or timely information		Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs
	lead to unnecessary expense or risk to a patient (e.g. duplication of tests readmission)			Role models and teaches effective transfers of care

Practice-Based Learning and Improvement (PBLI): Demonstrates satisfactory development of the knowledge, skill and attitudes/behaviors needed to advance in training. He/she demonstrates a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care.

PBLI 1- Monitors practice with a goal for improvement

Level 1	Level 2	Level 3	Level 4	Level 5
Unwilling to self-reflect	Unable to self-reflect upon	Inconsistently self-reflects	Regularly self-reflects	Regularly self-reflects and
upon one's practice or	one's practice or	upon one's practice or	upon one's practice or	seeks external validation
performance	performance	performance and	performance and	regarding this reflection to
		inconsistently acts upon	consistently acts upon	maximize practice
Not concerned with	Misses opportunities for	those reflections	those reflections to	improvement
opportunities for learning	learning and self-		improve practice	_
and self-improvement	improvement	Inconsistently acts upon		Actively engages in self-
		opportunities for learning	Recognizes sub-optimal	improvement efforts and
		and self- improvement	practice or performance as	reflects upon the
		1	an opportunity for learning	experience
			and self-improvement	

PBLI 2- Learns and improves via performance audit

Level 1	Level 2	Level 3	Level 4	Level 5
Disregards own Clinical	Limited awareness of or	Analyzes own clinical	Analyzes own clinical	Actively monitors clinical
performance data	desire to analyze own	performance data and	performance data and	performance through
	clinical performance data	identifies opportunities for	actively works to improve	various data sources
Demonstrates no		improvement	performance	
inclination to participate in	Nominally participates in a			Is able to lead a quality
or even consider the	quality improvement	Effectively participates in	Actively engages in	improvement project
results of quality	projects	a quality improvement	quality improvement	
improvement efforts		project	initiatives	Utilizes common
	Not familiar with the			principles and techniques

principles, techniques or	Understands common	Demonstrates the ability to	of quality improvement to
importance of quality	principles and techniques	apply common principles	continuously improve care
improvement	of quality improvement	and techniques of quality	for a panel of patients
	and appreciates the	improvement to improve	
	responsibility to assess and	care for a panel of patients	
	improve care for a panel of		
	patients		

PBLI 3- Learns and improves via feedback

Level 1	Level 2	Level 3	Level 4	Level 5
Never solicits feedback	Rarely seeks feedback	Solicits feedback only from supervisors	Solicits feedback from all members of the inter-	Performance continuously reflects incorporation of
Actively resists feedback from others	Responds to unsolicited feedback in a defensive fashion	Is open to unsolicited feedback	professional team and patients	solicited and unsolicited feedback
	Temporarily or superficially adjusts	Inconsistently incorporates Feedback	Welcomes unsolicited feedback	Able to reconcile disparate or conflicting feedback
	performance based on feedback		Consistently incorporates feedback	

PBLI 4- Learns and improves at the point of care

Level 1	Level 2	Level 3	Level 4	Level 5
Fails to acknowledge	Rarely "slows down" to	Inconsistently "slows	Routinely "slows down" to	Searches medical
uncertainty and reverts to a	reconsider an approach to	down" to reconsider an	reconsider an approach to	information resources
reflexive patterned	a problem, ask for help, or	approach to a problem, ask	a problem, ask for help, or	efficiently, guided by the
response even when	seek new information	for help, or seek new	seek new information	characteristics of clinical
inaccurate		information		questions
	Can translate medical		Routinely translates new	

Fails to seek or apply	information needs into	Can translate medical	medical information needs	Role models how to
evidence when necessary	well-formed clinical	information needs into	into well-formed clinical	appraise clinical research
	questions with assistance	well-formed clinical	questions	reports based on accepted
		questions independently		criteria
	Unfamiliar with strengths		Utilizes information	
	and weaknesses of the	Aware of the strengths and	technology with	Has a systematic approach
	medical literature	weaknesses of medical	sophistication	to track and pursue
		information resources but		emerging clinical
	Has limited awareness of	utilizes information	Independently appraises	questions
	or ability to use	technology without	clinical research reports	
	information technology	sophistication	based on accepted criteria	
	Accepts the findings of	With assistance, appraises		
	clinical research studies	clinical research reports,		
	without critical appraisal	based on accepted criteria		

Professionalism (**PROF**) Demonstrates satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she demonstrates a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient and equitable care

PROF 1- Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)

Level 1	Level 2	Level 3	Level 4	Level 5
Lacks empathy and	Inconsistently	Consistently respectful in	Demonstrates empathy,	Role models compassion,
compassion for patients	demonstrates empathy,	interactions with patients,	compassion and respect to	empathy and respect for
and caregivers	compassion and respect	caregivers and members of	patients and caregivers in	patients and caregivers
	for patients and caregivers	the inter professional team,	all situations	
Disrespectful in		even in challenging		Role models appropriate
interactions with patients,	Inconsistently	situations	Anticipates, advocates for,	anticipation and advocacy
caregivers and members of	demonstrates		and proactively works to	for patient and caregiver

the inter professional team	responsiveness to patients'	Is available and responsive	meet the needs of patients	needs
	and caregivers' needs in an	to needs and concerns of	and caregivers	
Sacrifices patient needs in	appropriate fashion	patients, caregivers and		Fosters collegiality that
favor of own self-interest		members of the inter	Demonstrates a	promotes a
	Inconsistently considers	professional team to	responsiveness to patient	high-functioning inter
Blatantly disregards	patient privacy and	ensure safe and effective	needs that supersedes	professional team
respect for patient privacy	autonomy	care	self-interest	
and autonomy				Teaches others regarding
		Emphasizes patient	Positively acknowledges	maintaining patient
		privacy	input of members of the	privacy and respecting
		and autonomy in all	inter professional team and	patient autonomy
		interactions	incorporates that input into	
			plan of care as appropriate	

PROF 2- Accepts responsibility and follows through on tasks

Level 1	Level 2	Level 3	Level 4	Level 5
Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks	Completes most assigned tasks in a timely manner but may need multiple reminders or other support	Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy	Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective	Role models prioritizing multiple competing demands in order to complete tasks & responsibilities in a timely
Shuns responsibilities expected of a physician professional	Accepts professional responsibility only when assigned or mandatory	Completes assigned professional responsibilities without questioning or the need for reminders	Willingness to assume professional responsibility regardless of the situation	Assists others to improve their ability to prioritize multiple, competing tasks

PROF 3- Responds to each patient's unique characteristics and needs

Level 1	Level 2	Level 3	Level 4	Level 5
Is insensitive to	Is sensitive to and has	Seeks to fully understand	Recognizes and accounts	Role models professional
differences related to	basic awareness of	each patient's unique	for the unique	interactions to negotiate
culture, ethnicity, gender,	differences related to	characteristics and needs	characteristics and needs	differences related to a
race, age, and religion in	culture, ethnicity, gender,	based upon culture,	of the patient/ caregiver	patient's unique
the patient/caregiver	race, age and religion in	ethnicity, gender, religion,		characteristics or needs
encounter	the patient/caregiver	and personal preference	Appropriately modifies	
	encounter		care plan to account for a	Role models consistent
Is unwilling to modify care		Modifies care plan to	patient's unique	respect for patient's
plan to account for a	Requires assistance to	account for a patient's	characteristics and needs	unique characteristics and
patient's unique	modify care plan to	unique characteristics and		needs
characteristics and needs	account for a patient's	needs with partial success		
	unique characteristics and			
	needs			

PROF 4: Exhibits integrity and ethical behavior in professional conduct

Level 1	Level 2	Level 3	Level 4	Level 5
Dishonest in clinical	Honest in clinical	Honest and forthright in	Demonstrates integrity,	Assists others in adhering
interactions,	interactions,	clinical interactions,	honesty, and	to ethical principles and
documentation, research,	documentation, research,	documentation, research,	accountability to patients,	behaviors including
or scholarly activity	and scholarly activity.	and scholarly activity	society and the profession	integrity, honesty, and professional responsibility
Refuses to be accountable	Requires oversight for	Demonstrates	Actively manages	
for personal actions	professional actions	accountability for the care	challenging ethical	Role models integrity,
_		of patients	dilemmas and conflicts of	honesty, accountability
Does not adhere to basic	Has a basic understanding	_	interest	and professional conduct
ethical principles	of ethical principles,	Adheres to ethical		in all aspects of
	formal policies and	principles for	Identifies and responds	professional life
Blatantly disregards	procedures, and does not	documentation, follows	appropriately to lapses of	
formal policies or	intentionally disregard	formal policies and	professional conduct	Regularly reflects on

procedures.	them	procedures, acknowledges	among peer group	personal professional
		and limits conflict of		conduct
		interest and upholds		
		ethical expectations of		
		research and scholarly		
		activity		

Inter-personal and Communications Skills (ICS)- Demonstrates satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in training. He/she demonstrates a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered timely, efficient and equitable care.

ICS 1- Communicates effectively with patients and caregivers

Level 1	Level 2	Level 3	Level 4	Level 5
Ignores patient preferences	Engages patients in	Engages patients in shared	Identifies and incorporates	Role models effective
for plan of care	discussions of care plans	decision making in	patient preference in	communication and
	and respects patient	uncomplicated	shared decision making	development of
Makes no attempt to	preferences when offered	conversations	across a wide variety of	therapeutic relationships in
engage patient in shared	by the patient, but does not		patient care conversations	both routine and
decision making	actively solicit	Requires assistance		challenging situations
	preferences.	facilitating discussions in	Quickly establishes a	
Routinely engages in		difficult or ambiguous	therapeutic relationship	Models cross-cultural
antagonistic or	Attempts to develop	conversations	with patients and	communication and
Countertherapeutic	therapeutic relationships		caregivers, including	establishes therapeutic
relationships with patients	with patients and	Requires guidance or	persons of different	relationships with persons
and caregivers	caregivers but is often	assistance to engage in	socioeconomic and	of diverse socio-economic
	unsuccessful	communication with	cultural backgrounds	backgrounds
		persons of different		
	Defers difficult or	socioeconomic and	Incorporates	
	ambiguous conversations	cultural backgrounds	patient-specific	
	to others		preferences into plan of	
			care	

ICS 2- Communicates effectively in inter-professional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel)

Level 1	Level 2	Level 3	Level 4	Level 5
Utilizes communication	Uses unidirectional	Inconsistently engages in	Consistently and actively	Role models and teaches
strategies that hamper	communication that fails	collaborative	engages in collaborative	collaborative
collaboration and	to utilize the wisdom of	communication with	communication with all	communication with the
teamwork	the team	appropriate members of	members of the team	team to enhance patient
		the team		care, even in challenging
Verbal and/or nonverbal	Resists offers of		Verbal, non-verbal and	settings and with
behaviors disrupt effective	collaborative input	Inconsistently employs	written communication	conflicting team member
collaboration with team	_	verbal, non-verbal, and	consistently acts to	opinions
members		written communication	facilitate collaboration	_
		strategies that facilitate	with the team to enhance	
		collaborative care	patient care	

ICS 3- Appropriate utilization and completion of health records

Level 1	Level 2	Level 3	Level 4	Level 5
Health records are absent	Health records are	Health records are	Health records are	Role models and teaches
or missing significant	disorganized and	organized and accurate but	organized, accurate,	importance of organized,
portions of important	inaccurate	are superficial and miss	comprehensive, and	accurate and
clinical data		key data or fail to	effectively communicate	comprehensive health
		communicate clinical	clinical reasoning	records that are succinct
		reasoning		and patient specific
			Health records are	
			succinct, relevant, and	
			patient specific	

6. Syllabus

Basic Sciences

- Embryology- Growth & development of heart, Lungs, Brain, GI tract, Liver, Kidney, Urinary tract, Genital system Its developmental anomalies
- Basics of human anatomy as relevant to clinical practice surface anatomy of various viscera neuro-anatomy important structures/organs location in different anatomical locations in the body common congenital anomalies
- Basic functioning of various organ-system, control of vital functions, pathophysiological alteration in diseased states, interpretation of symptoms and signs in relation to patho-physiology.
- Common pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases.
- Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
- Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs.
- Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis and management.
- Biochemical basis of various diseases including fluid and electrolyte disorders; Acid base disorders etc.
- Recent advances in relevant basic science subjects.

General Medicine including Paediatrics, Psychiatry & Dermatology

- Cardio-vascular diseases:
 - o Approach to the patient with possible cardio-vascular diseases
 - Heart failure
 - Arrhythmias
 - Hypertension
 - o Coronary artery disease
 - Valvular heart disease
 - Infective endocarditis
 - o Diseases of the myocardium and pericardium
 - o Diseases of the aorta and peripheral vascular system
- Respiratory system:
 - o Approach to the patient with respiratory disease

- Disorders of ventilation
- o Asthma
- o Congenital Obstructive Pulmonary Disease (COPD)
- o Pneumonia
- o Pulmonary embolism
- o Cystic fibrosis
- Obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum

Nephrology:

- Approach to the patient with renal diseases
- o Acid-base disorders
- Acute kidney injury
- o Chronic kidney disease
- o Tubulo-interstitial diseases
- Nephrolithiasis
- o Diabetes and the kidney
- o Obstructive uropathy and treatment of irreversible renal failure

• Gastro-intestinal diseases:

- O Approach to the patient with gastrointestinal diseases
- o Gastrointestinal endoscopy
- o Motility disorders
- o Diseases of the oesophagus
- Acid peptic disease
- o Functional gastrointestinal disorders
- o Diarrhea
- Irritable bowel syndrome

Diseases of the liver and gall bladder:

- Approach to the patient with liver disease
- o Acute viral hepatitis
- Chronic hepatitis
- o Alcoholic and non-alcoholic steatohepatitis
- o Cirrhosis and its sequelae
- Hepatic failure and liver transplantation
- o Diseases of the gall bladder and bile ducts
- Metabolic diseases inborn errors of metabolism and disorders of metabolism.
- Endocrine principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.

• Rheumatic diseases:

- o Approach to the patient with rheumatic diseases
- Osteoarthritis
- o Rheumatoid arthritis
- Spondyloarthropathies
- o Systemic lupus erythematosus (SLE)

- o Polymyalgia
- o Rheumatic fibromyalgia and Amyloidosis

Neurology -

- Approach to the patient with neurologic disease, headache, seizure disorders and epilepsy,
 coma
- Disorders of sleep
- Cerebrovascular diseases
- o Parkinson's disease and other movement disorders
- o Motor neuron disease
- Meningitis and encephalitis
- o Peripheral neuropathies
- Muscle diseases
- o Diseases of neuromuscular transmission and autonomic disorders and their management.
- o Multiple Sclerosis
- o Brain Trauma & Polytrauma

Psychiatry

- o Anxiety disorders
- Mood disorders
- Somatoform disorders
- o Psychotic disorders & Schizophrenia
- o Delirium, Dementia & other cognitive disorders
- o Substance abuse/ Drug abuse
- o Psychiatric emergencies
- o Psychotherapy

Dermatology:

- o Structure and functions of skin
- o Infections of skin
- o Papulo-squamous and inflammatory skin rashes
- o Photo-dermatology
- Erythroderma
- o Cutaneous manifestations of systematic diseases
- o Bullous diseases
- Drug induced rashes
- o Disorders of hair and nails
- o Principles of topical therapy
- o Skin manifestations of internal malignancy
- Skin malignancies

Tropical Medicine, Environmental & Nutritional diseases

• Infectious diseases:

- o Basic consideration in Infectious Diseases
- o Clinical syndromes
- o Community acquired clinical syndromes
- Nosocomial infections

- Bacterial diseases -General consideration, diseases caused by gram positive bacteria, diseases caused by gram - negative bacteria, miscellaneous bacterial infections, Mycobacterial diseases, Spirochetal diseases, Rickettsia, Mycoplasma and Chlamydia
- o Viral diseases DNA viruses, DNA and RNA respiratory viruses, RNA viruses
- o Fungal infections, protozoal and helminthic infections.
- Poisoning & Envenomation
 - o Organophosphorous poisoning, Corrosive, Alcohol & Plant, Drug overdose
 - o Snake bites, Scorpion sting, etc. & other unknown bites
 - o Fluorosis, Lathyrism, Epidemic dropsy
 - Heavy metal poisoning
- Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.
- Nutritional diseases nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.

Geriatrics & Recent Advances

- Aging and Geriatric Medicine:
 - o Biology
 - o Epidemiology
 - o Neuro-psychiatric aspects of aging
- Research Methodology and Studies, epidemiology and basic Biostatistics.
- National Health Programmes.
- Genetics:
 - o Overview of the paradigm of genetic contribution to health and disease
 - o Principles of Human Genetics
 - o Single gene and chromosomal disorders
 - o Gene therapy
- Immunology:
 - o Innate and adaptive immune systems
 - o Mechanisms of immune mediated cell injury
 - o Autoimmunity
 - o Organ Transplantation
- Hematologic diseases
 - Hematopoiesis
 - o Anaemias
 - Leucopenia and leucocytosis
 - o Myelo-proliferative disorders
 - o Disorders of haemostasis and haemopoietic stem cell transplantation
- Oncology:
 - o Epidemiology
 - o Biology and genetics of cancer

- o Paraneoplastic syndromes and endocrine manifestations of tumours
- o Leukemias and lymphomas
- o Cancers of various organ systems and cancer chemotherapy
- Medical Statistics
- o Recent Guidelines & Trials

• Critical Care Medicine:

- o Respiratory Failure
- o ARDS
- o Shock
- o Cardiac arrest
- o Pulmonary edema
- o Sudden Cardiac Death
- o Coma
- o Hypoxic Ischemic Encephalopathy

7. Teaching and Learning Methods

Didactic lectures are of least importance; seminars, journal clubs, symposia, reviews, and guest lectures should get priority for acquiring theoretical knowledge. Bedside teaching, grand rounds, interactive group discussions and clinical demonstrations should be the hallmark of clinical/practical learning. Students should have hands-on training in performing various procedures and ability to interpret results of various tests/investigations. Exposure to newer specialized diagnostic/therapeutic procedures should be given.

Importance should be attached to ward rounds especially in conjunction with emergency admissions. Supervision of work in outpatient department should cover the whole range of work in the unit. It is particularly necessary to attend sub-specialty and symptom specific clinics. The development of independent skills is an important facet of postgraduate training. Joint meetings with physician colleagues, e.g. radiologists and pathologists play a valuable part in training.

The training techniques and approach should be based on principles of adult learning. It should provide opportunities initially for practicing skills in controlled or simulated situations. Repetitions would be necessary to become competent or proficient in a particular skill. The more realistic the learning situation, the more effective will be the learning. Clinical training should include measures for assessing competence in skills being taught and providing feedback on progress towards a satisfactory standard of performance. Time must be available for academic work and audit.

The following is the guideline to various teaching/learning activities that may be employed:

- Intradepartmental and interdepartmental conferences related to case discussions.
- Ward rounds along with emergency admissions.
- Attendance at sub-specialty and symptom specific clinics
- External rotation postings in departments like cardiology, neurology and other subspecialties
- Skills training
- Conferences, Seminars, Continuing Medical Education (CME) Programmes.
- Journal Club
- Research Presentation and review of research work.
- A postgraduate student of a postgraduate degree course in broad specialties/ super-specialties 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.

- Participation in workshops, conferences and presentation of papers etc.
- Maintenance of records. Log books : E-portfolio:- It is an electronic portfolio to be maintained by the resident to record their activities under the section:
 - o EPA
 - o Daily log
 - Patient care
 - o Procedure
 - Dissertation
 - o Academic activities (Seminar, symposium, case presentation, journal club)
 - o Co-curricular activities (Conference, CME, Workshop),
 - o 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

Postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns. Department encourages e-learning activities

Illustration of Structured Training

Time period	Description/levels	Content	Responsibilities
1 st month	Orientation	Basic cognitive	- Combined duties
		skills	-Supervised procedures
1 st year	Beginners	Procedural abilities	- History sheet writing
		OPD & ward work	- Clinical abilities,
			- Procedural abilities,
			-Laboratory-diagnostic
			- Communication skills
			- BLS & ACLS
2 nd year	Intermediate	Intermediate degree	- Independent duties
		of cognitive abilities	- All procedures
		Specialized	- Respiratory management
		procedural skills	abilities
		Emergency	- Communication skills
			- Writing thesis
			- Teaching UGs
3 rd year	Advanced	Special skills	- Advanced levels of
		Intensive critical	independent duties,
		care	- casualty calls,
			- ICU
			- UG teaching

Specialized skills include exchange transfusions, intercostal drainage, peritoneal dialysis, defibrillation/ cardio version etc.

Levels of necessary cognitive skills are best illustrated by the following:

- *Basic:* history taking, diagnosis/differential diagnosis, points for and against each diagnosis
- *Intermediate:* detailed discussion on differential diagnoses, analysis and detailed interpretation of clinical and laboratory data;
- *Advanced:* Analysis of clinical information and synthesis of reasonable concepts including research ideas.

During the training programme, patient safety is of paramount importance; therefore, skills are to be learnt initially on the models, later to be performed under supervision followed by performing independently; for this purpose, provision of skills laboratories in the medical colleges is mandatory.

Speciality postings:

Residents are being posted in speciality departments for 1 month in each speciality during their 1st 2nd& 3rdyears. Following are the specialties in which they are posted in rotation basis. Resident will follow the same order of chronology of rotation throughout his speciality posting.

Specialties	Duration of Postings
Pediatrics (1 st year)	15 days
Radiology (1 st year)	15 days
Dermatology (1 st year)	15 days
Psychiatry (1 st year)	15 days
Cardiology (2 nd year)	1 month
Neurology (2 nd year)	1 month
Nephrology (2 nd year)	1 month
Medical Gastroenterology (2 nd year)	15 days
Pulmonology (2 nd year)	15 days
Critical care Medicine (All years)	1 month/year - Total 3 months

8. Assessment

Formative Assessment:

Formative assessment is continual and assesses medical knowledge, patient care, procedural & academic skills, interpersonal communication skills, system based practice, self-directed learning and professionalism of the activities mentioned every 3/6 monthly. EPAs are listed as bellow (**Table 3**) with description of each EPA (**Table 4**). 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

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 transfer care responsibility						
9	Obtain informed consent for tests and/or procedures						
10	Collaborate as a member of an inter-professional team						
11	Form clinical questions and retrieve evidence to advance patient care						
	Applied Basic Sciences						
12	Applied aspects of cardiovascular system						
13	Applied aspects of Respiratory system						
14	Applied aspects of Central Nervous system						
15	Applied aspects of Gastrointestinal and hepatobiliary system						
16	Applied aspects of Endocrine and Reproductive System						
17	Applied aspects of Nephrology						

	General Medicine Including Pediatrics, Psychiatry and Dermatology				
18	Interview an adolescent, clinically examine, formulate differential diagnosis, management plan and effectively communicate with their parents / guardian				
19	Interview a patient with psychiatric disorder, clinically examine, formulate differential diagnosis, management plan and effectively communicate with the patient / guardian				
20	Interview a patient with dermatologic disorder, clinically examine, formulate differential diagnosis and create management plan				
	Tropical Medicine, Environmental Medicine and Nutritional disorders				
21	Approach a patient with infectious disease, create a diagnostic and therapeutic algorithm and formulate preventive strategy				
22	Approach a patient with poisoning / envenomation, and environmental disorders, create a diagnostic and therapeutic algorithm and formulate preventive strategy				
	Geriatrics, Recent advances and Procedures				
23	Approach an elderly patient, create a diagnostic and therapeutic algorithm and formulate preventive strategy				
24	Research and Research Methodology				
25	Interpretation of ECG				
26	Perform Lumbar Puncture				
27	Perform Bone marrow aspiration/biopsy				
28	Perform Ascitic/Pleural Paracentesis				
29	Secure Oral/Nasopharyngeal/laryngeal/Advanced airway				
30	Secure central Intravenous access(IJV)/Dialysis catheter				
31	Secure Nasopharyngeal Tube/ Ryle's Tube				
32	Perform Cardiopulmonary Resuscitation by BLS & ACLS protocol				

Description of Entrustable Professional Activity with relevant domains of competency domain critical behavior

EPA 1: Gathering a history and perf	forming physical examination			
Description of the activity: This	Residents should be able to perform an accurate			
included a brief rationale and a list	complete or focused history and physical exam in a			
of the functions required for the	prioritized, organized manner without supervision and			
EPA.	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	PC, MK, PBLI, PROF, ICS			
competence:	TC, MK, TBLI, TKOF, TCS			
Competencies within each	PC 1.3,5.3			
domain critical to entrustment	MK 1.3			
decisions:	PBLI 1.3,2.3,3.3,4.3			
	PROF 3.3			
	ICS 3.3			
Methods of assessment	Periodic written exam (Every 6 months)			
	Mini-cex			
	Workplace assessment by Faculty			
	Multi-source feedback			
	a. Patient			
	b. Nurses			
	c. Health care workers			
	d. Peers			

Competency		Pre entrustable		Entrustable
PC-1	✓	✓ Does not collect/ Inconsistently		Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	Relies exclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problems
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
		patient's central clinical		diagnostic testing
		problems potentially life		
		threatening problems and		
		develops limited differential		
		diagnoses		

PC-5	/	Is unresponsive to questions or	√	Provides consultation services
rC-3	•		•	
		concerns of others when acting		for patients with clinical
		as a consultant or utilizing		problems requiring basic risk
		consultant services		assessment
	√	Unwilling to utilize consultant	✓	Asks meaningful clinical
		services when appropriate for		questions that guide the input of
		patient care		consultant
	✓	Inconsistently manages patients	✓	Provides consultation services
		as a consultant to other		for patients with basic and
		physicians/health care teams		complex clinical problems
	✓	Inconsistently applies risk		requiring detailed risk
		assessment principles to patients		assessment
		while acting as a consultant	✓	Appropriately weighs
	✓	Inconsistently formulates		recommendations from
		clinical question for a consultant		consultants in order to
		to address	L	effectively manage patient care
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific,		conditions and basic preventive
		socio economic and behavioral		care
		knowledge required to provide	✓	Possesses the scientific,
		care for common medical		socioeconomic and behavioral
		conditions and basic preventive		knowledge required to provide
		care		care for complex medical
		carc		conditions and comprehensive
				preventive care
PBLI 1	√	Unwilling to self-reflect upon	√	Regularly self-reflects upon
IDLII	•	one's practice or performance	*	one's practice or performance
	√	Not concerned with		and consistently acts upon those
	•			
		opportunities for learning and	_	reflections to improve practice
		self-improvement	•	Recognizes sub-optimal practice
	√	Unable to self-reflect upon one's		or performance as an opportunity
		practice or performance		for learning and
	✓	Misses opportunities for		self-improvement
		learning and self-Improvement	✓	Actively engages in self-
	✓	Inconsistently self-reflects upon		improvement efforts and reflects
		one's practice or performance		upon the experience
		and inconsistently acts upon		
		those reflections		
	✓	Inconsistently acts upon		
		opportunities for learning and		
		self-improvement		
PBLI 2	✓		√	Analyzes own clinical
PBLI 2	✓	self-improvement	√	Analyzes own clinical performance data and identifies
PBLI 2	✓ ✓	self-improvement Disregards own clinical	✓	
PBLI 2		self-improvement Disregards own clinical performance data	✓	performance data and identifies
PBLI 2		self-improvement Disregards own clinical performance data Demonstrates no inclination to participate in or even consider	✓	performance data and identifies opportunities for
PBLI 2		self-improvement Disregards own clinical performance data Demonstrates no inclination to	✓	performance data and identifies opportunities for improvement&actively work to

	 ✓ Limited awareness of or desire to analyze own clinical performance data ✓ Nominally participates in quality improvement projects ✓ Not familiar with the principles, techniques or importance of quality improvement 	quality improvement project ✓ Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients
PBLI 3	 ✓ Never solicits /Rarely seeks feedback ✓ Actively resists feedback from others ✓ Temporarily or superficially adjusts performance based on feedback ✓ Inconsistently incorporates feedback ✓ Solicits feedback only from supervisors 	Solicits feedback from all members of the inter-professional team and patient Welcomes unsolicited feedback Consistently incorporates feedback
PBLI 4	✓ Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ Fails to seek or apply evidence when necessary ✓ Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well- formed clinical questions with assistance ✓ Unfamiliar with strengths and weaknesses of the medical literature ✓ Has limited awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies without critical appraisal ✓ Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information	reconsider an approach to a problem, ask for help, or seek new information Can translate medical information needs into well-formed clinical questions independently Aware of the strengths and weaknesses of medical information resources but utilizes information technology without/with sophistication With assistance, appraises clinical research reports, based on accepted criteria Independently appraises clinical research reports based on accepted criteria
PROF 3	✓ Is insensitive to differences related to culture, ethnicity, gender, race, age and religion	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age

	✓	in the patient/ caregiver encounter Is unwilling or requires assistance modify care plan to account for a patient's unique characteristics and needs	✓	and religion in the patient/caregiver encounter Modifies care plan to account for a patient's unique characteristics and needs with success
ICS-3	✓ ✓	Health records are absent or missing significant portions of important clinical data Health records are disorganized and inaccurate Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning	✓	Health records are organized , accurate , comprehensive, and effectively communicate clinical reasoning Health records are succinct , relevant , and patient specific

EPA 2: Prioritizing a differential diagnosis following a clinical encounter				
Description of the activity: This	Residents should be able to integrate patient data to			
included a brief rationale and a list of	formulate an assessment, developing a list of			
the functions required for the EPA.	potential diagnoses that can be prioritized and lead			
	to selection of a working diagnosis			
Most relevant domains of competence:	PC, MK, PBLI, PROF			
Competencies within each domain	PC 1.3			
critical to entrustment decisions:	MK 1.3			
	PBLI 1.3, 2.3, 3.3, 4.3			
	PROF 3.3			
Methods of assessment	1. Written exam (Every 6 months)			
	2. Workplace assessment by Faculty			
	3. Multi-source feedback			
	a. Patient			
	b. Nurses			
	c. Health care workers			
	d. Peers			

Competency	Pre- entrustable	Entrustable
PC-1	✓ Does not collect/ Inconsistently	✓ Consistently acquires accurate
	able to collect accurate historical	and relevant histories from
	data in organized fashion	patients
	✓ Does not use /Does not perform	✓ Seeks and obtain s data from
	an appropriately thorough	secondary sources when needed
	physical examination to confirm	✓ Consistently performs accurate
	history or misses key physical	and appropriately thorough
	exam findings	physical exams
	✓ Relies exclusively on	✓ Uses collected data to define a
	documentation of others to	patient's central clinical

	generate own database or differential diagnosis Fails to recognize/ Inconsistently recognizes patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	problem(s) ✓ Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
MK-1	 ✓ Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care 	 ✓ Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 1	 ✓ Unwilling to self-reflect upon one's practice or performance ✓ Not concerned with opportunities for learning and self- improvement ✓ Unable to self-reflect upon one's practice or performance ✓ Misses opportunities for learning and self-improvement ✓ Inconsistently self-reflects upon one's practice or performance and inconsistently acts upon those reflections ✓ Inconsistently acts upon opportunities for learning and self-improvement 	 ✓ Regularly selfreflects upon one's practice or performance and consistently acts upon those reflections to improve practice ✓ Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement ✓ Actively engages in self-improvement efforts and reflects upon the experience
PBLI 2	 ✓ Disregards own clinical performance data ✓ Demonstrates no inclination to participate in or even consider the results of quality improvement efforts ✓ Limited awareness of or desire to analyze own clinical performance data ✓ Nominally participates in quality improvement projects ✓ Not familiar with the principles, 	 ✓ Analyzes own clinical performance data and identifies opportunities for improvement&actively work to improve performance ✓ Effectively participates in a quality improvement project ✓ Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of

	techniques or importance of			patients
	quality improvement			
PBLI 3	√	Never solicits /Rarely seeks	✓	Responds to unsolicited
		feedback		feedback in a defensive fashion
	✓	Actively resists feedback from	✓	Is open to unsolicited Feedback
		others	✓	Solicits feedback from all
	✓	Temporarily or superficially		members of the inter-
		adjusts performance based on		professional team and patient
		feedback	✓	Welcomes unsolicited feedback
	✓	Inconsistently incorporates	✓	Consistently incorporates
		feedback		feedback
	✓	Solicits feedback only from		
		supervisors		
PBLI 4	✓	Fails to acknowledge uncertainty	✓	Routinely "slows down" to
		and reverts to a reflexive		reconsider an approach to a
		patterned response even when		problem, ask for help, or seek
		inaccurate		new information
	✓	Fails to seek or apply evidence	✓	Can translate medical
		when necessary		information needs into well –
	✓	Rarely "slows down" to		formed clinical questions
		reconsider an approach to a		independently
		problem, ask for help, or seek	✓	Aware of the strengths and
		new information		weaknesses of medical
	✓	Can translate medical		information resources but
		information needs into		utilizes information technology
		well-formed clinical questions		without/with sophistication
		with assistance	✓	With assistance, appraises
	✓	Unfamiliar with strengths and		clinical research reports, based
		weaknesses of the medical		on accepted criteria
		literature	✓	Independently appraises clinical
	✓	Has limited awareness of or		research reports based on
		ability to use information		accepted criteria
		technology		
	√	Accepts the findings of clinical		
		research studies without critical		
	./	appraisal		
	√	Inconsistently "slows down" to		
		reconsider an approach to a		
		problem, ask for help, or seek new information		
PROF 3	✓	Is insensitive to differences	√	Is sensitive to and has basic
rkur 3	•		•	awareness of differences related
		related to culture, ethnicity, gender, race, age, and religion in		to culture, ethnicity, gender, race,
		the patient/ caregiver encounter		age and religion in the
	✓	Is unwilling or requires		patient/caregiver encounter
		assistance modify care plan to	√	Modifies care plan to account for
		account for a patient's unique		a patient's unique characteristics
		characteristics and needs		and needs with success
		characteristics and needs		and needs with success

EPA 3: Recommending and interpreting common diagnostic and screening tests Description of the activity: This Residents should be able to select and interpret included a brief rationale and a list of diagnostic and screening tests using common the functions required for the EPA. evidence-based and cost-effective principles considering the patient's economic status as one approach a patient in any setting. Most relevant of domains PC, MK, SBP, PBLI, ICS competence: Competencies within each domain PC 1.3,4.3 critical to entrustment decisions: MK 2.3 **SBP 1.3 PBLI 3.3** ICS 1.3, 2.3 Methods of assessment 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multi-source feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC -1	 ✓ Does not collect/ Inconsistently able to collect accurate historical data in organized fashion ✓ Does not use /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ Relies exclusively on documentation of others to generate own database or differential diagnosis ✓ Fails to recognize/ Inconsistentlyrecognizespatient 's central clinicalproblems, potentially lifethreatening problems and develops limited differentialdiagnoses 	 ✓ Consistently acquires accurate and relevant histories from patients ✓ Seeks and obtains data from secondary sources when needed ✓ Consistently performs accurate and appropriately thorough physical exams ✓ Uses collected data to define a patient's central clinical problems ✓ Effectively uses history and physical examination skills to minimize the need for furtherdiagnostictesting
PC- 4	✓ Does not attempts to perform procedures without sufficient technical skill or supervision ✓ Unwilling to perform	 ✓ Attempts to perform procedures without sufficient technical skill or supervision ✓ Willing to perform procedures

I DLI 3	feedback ✓ Actively resists feedback from others ✓ Temporarily or superficially adjusts performance based on feedback	✓ ✓	feedback in a defensive fashion
	feedback ✓ Actively resists feedback from others ✓ Temporarily or		feedback in a defensive fashion Is open to unsolicited Feedback Solicits feedback from all
	feedback ✓ Actively resists feedback from others		feedback in a defensive fashion Is open to unsolicited Feedback
I DLI J	feedback	✓	feedback in a defensive fashion
IDLIJ	•		_
IDDIS	- (
PBLI 3	✓ Never solicits /Rarely seeks	✓	Responds to unsolicited
	team members		
	actively seek input from other		
	when required but does not		
	✓ Participates in team discussions		
	ineffectively		
	members but uses them		
	responsibilities of all team		
	✓ Understands the roles and		opuninze care
	responsibilities (e.g. talk to family, enter orders)		of other team members to optimize care
	from team to complete physician	✓	Efficiently coordinates activities of other team members to
	✓ Frequently requires reminders		decision-making
	sources		meetings and collaborative
	how/when to utilize them as	√	Actively engages in team
	members but does not recognize		team
	✓ Identifies roles of other team		partners with, all members of the
	inefficiency and errors		responsibilities and effectively
	✓ Frustrates team members with	✓	Understands the roles and
	professional team members		professional team members
	contributions of other inter-		contributions of other inter
SBP-1	✓ Refuses to recognize the	✓	Accepts to recognize the
	with common procedures		common procedures.
	rationale and risks associated		and risks associated with
	✓ Minimally understands the	✓	-
	characteristics		performance characteristics
	and test performance		pre-test probability and test
	concepts of pre-test probability		or understands the conceptsof
	✓ Does not understand the	✓	Needs assistance to understand
	diagnostic tests accurately		diagnostic tests accurately
	✓ Inconsistently interprets basic	✓	- I
	procedures to patient care		for patient care
14117 7	to apply diagnostic testing and		diagnostic testing & procedures
MK 2	✓ Lacks foundational knowledge	√	
			procedures required for certification
			successfully performed all procedures required for
		✓	Possesses technical skill and has
	common procedures		common procedures
	skill for safe completion of		for the completion of some
	✓ Possesses insufficient technical		T OBBEDBED GUBIE CECITITEUT BRITT
	necessary for patient care		patient care
	procedures when qualified and		when qualified and necessary for

	feedback	feedback
	✓ Solicits feedback only from	
	supervisors	
ICS-1	✓ Ignores patient preferences for	✓ Engages patients in shared
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared decision-making	✓ Requires assistance facilitating
	✓ Routinely engages in	discussions in difficult or
	antagonistic or	ambiguous conversations
	counter-therapeutic	✓ Requires guidance or assistance
	relationships with patients and	to engage in communication with
	caregivers	persons of different
	✓ Engages patients in discussions of	socioeconomic and cultural
	care plans and respects patient	backgrounds
	preferences when offered by the	✓ Identifies and incorporates
	patient, but does not actively	patient preference in shared
	solicit preferences	decision on making across a wide
	✓ Attempts to develop therapeutic	variety of patient care
	relationship with patients and	conversations
	caregivers but is often	✓ Quickly establishes a therapeutic
	unsuccessful	relationship with patients and
	✓ Defers difficult or ambiguous	caregivers, including persons of
	conversations to others	different socioeconomic and
		cultural backgrounds
ICS-2	✓ Utilizes communication strategies	✓ Consistently and actively
	that hamper collaboration and	engages in collaborative
	teamwork	communication with all members
	✓ Verbal and/or non-verbal	of the team
	behaviours disrupt effective	✓ Verbal, nonverbal and written
	collaboration with team members	communication consistently acts
	✓ Uses unidirectional	to facilitate collaboration with
	communication that fails to	the team to enhance patient care
	utilize the wisdom of the team	
	✓ Resists offers of collaborative	
	input	
	✓ Inconsistently engages in	
	collaborative communication	
	with appropriate members of the	
	team	
	✓ Inconsistently employs verbal,	
	nonverbal, and written	
	communication strategies that	
	facilitate collaborative care	

EPA 4: Entering and discussing orders and prescriptions and giving the necessary instructions to the patients

mistractions to the patients	
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 prescribe therapies or interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily the entire patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).
2. Most relevant domains of competence:	PC, ICS, PROF
	PC, ICS, PROF PC 2.3
competence: 3. Competencies within each domain critical to entrustment	PC 2.3 ICS 1.3
competence: 3. Competencies within each	PC 2.3
competence: 3. Competencies within each domain critical to entrustment	PC 2.3 ICS 1.3 PROF 1.3 1. Written exam (Every 6 months)
competence: 3. Competencies within each domain critical to entrustment decisions:	PC 2.3 ICS 1.3 PROF 1.3 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty
competence: 3. Competencies within each domain critical to entrustment decisions:	PC 2.3 ICS 1.3 PROF 1.3 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multi-source feedback
competence: 3. Competencies within each domain critical to entrustment decisions:	PC 2.3 ICS 1.3 PROF 1.3 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multi-source feedback a. Patient
competence: 3. Competencies within each domain critical to entrustment decisions:	PC 2.3 ICS 1.3 PROF 1.3 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multi-source feedback a. Patient b. Nurses
competence: 3. Competencies within each domain critical to entrustment decisions:	PC 2.3 ICS 1.3 PROF 1.3 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multi-source feedback a. Patient

Competency	Pre- entrustable	Entrustable
PC 2	✓ Care plans are consistently	✓ Consistently develops
	inappropriate or inaccurate	appropriate care plan
	✓ Does not react to situations that	✓ Recognizes situations requiring
	require urgent or emergent care	urgent or emergent care
	Does not seek additional	✓ Seeks additional guidance and/or
	guidance when needed	consultation as appropriate
	an develops an	✓ Appropriately modifies care
	appropriate care plan	plans based on patient's clinical
	✓ Inconsistently seeks additional	course, additional data, and
	guidance when needed	patient preferences
PROF 1	✓ Lacks empathy and compassion	✓ Consistently respectful in
IKOFI	- · ·	
	for patients and caregivers	interactions with patients,
	✓ Disrespectful in interactions	caregivers and members of the
	with patients, caregivers and	interprofessional team, even in
	members of the interprofessional	challenging situations
	team	
	✓ Sacrifices patient needs in	✓ Is available and responsive to
	favour of own self-interest	needs and concerns of patients,

	✓ Blatantly disregards respect for	<u>e</u>
	patient privacy and autonomy	interprofessional team to ensure
	✓ Inconsistently demonstrates	safe and effective care
	empathy, compassion and	✓ Emphasizes patient privacy and
	respect for patients and	autonomy in all interactions
	caregivers	
	✓ Inconsistently demonstrates	
	responsiveness to patients and	
	caregivers needs in an	
	appropriate fashion	
	✓ Inconsistently considers patient	
	privacy and autonomy	
ICS-1	✓ Ignores patient preferences for	✓ Engages patients in shared
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared decision-making	<u>-</u>
	✓ Routinely engages in	discussions in difficult or
	antagonistic or counter	ambiguous conversations
	therapeutic relationships with	✓ Requires guidance or assistance
	patients and caregivers	to engage in communication with
	✓ Engages patients in discussions of	
	care plans and respects patient	socioeconomic and cultural
	preferences when offered by the	backgrounds
	patient, but does not actively	✓ Identifies and incorporates
	solicit preferences	patient preference in shared
	✓ Attempts to develop therapeutic	decision making across a wide
	relationships with patients and	variety of patient care
	caregivers but is often	conversations
	unsuccessful	✓ Quickly establishes a therapeutic
	✓ Defers difficult or ambiguous	relationship with patients and
	conversations to others	caregivers, including persons of
		different socioeconomic and
		cultural backgrounds
		Cultulal backgrounds

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	

Competencies within each domain critical to entrustment decisions:	
Methods of assessment	Workplace assessment by Faculty
	Multi-source feedback
	a. Patient
	b. Nurses
	c. Health care workers
	d. Peers

Competency	Pre- entrustable	Entrustable
PC -1	 ✓ Does not collect/ Inconsistently able to collect accurate historical data in organized fashion ✓ Does not use /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ Relies exclusively on documentation of others to generate own database or differential diagnosis ✓ Fails to recognize/ Inconsistently recognizes patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses 	✓ Consistently acquires accurate
ICS-3	 ✓ Health records are absent or missing significant portions of important clinical data ✓ Health records are disorganized and inaccurate ✓ Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning 	 ✓ Health records are organized, accurate comprehensive, and effectively communicate clinical reasoning ✓ Health records are succinct, relevant, and patient specific

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 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: PC, MK, SBP, PROF, ICS				
Competencies within each PC 5.3 domain critical to entrustment MK 1.3				
decisions:	SBP 1.3			
	PROF 1.3 ICS 2.3			
Methods of assessment	Workplace assessment by Faculty Multi-source feedback a. Patient			
	b. Nurses			
	c. Health care workers d. Peers			

Competency	Pre- entrustable	Entrustable
PC-5	✓ Is unresponsive to questions or	
	concerns of others when acting	for patients with clinical
	as a consultant or utilizing	problems requiring basic risk
	consultant services	assessment
	✓ Unwilling to utilize consultant	✓ Asks meaningful clinical
	services when appropriate for	questions that guide the input of
	patient care	consultant
	✓ Inconsistently manages	✓ Provides consultation services
	patients as a consultant to other	for patients with basic and
	physicians/health care teams	complex clinical problems
	✓ Inconsistently applies risk	requiring detailed risk
	assessment principles to patients	assessment
	while acting as a consultant	✓ Appropriately weighs
	✓ Inconsistently formulates	recommendations from
	clinical question for a	consultants in order to
	consultant to address	effectively manage patient care
MK-1	✓ Lacks the scientific,	✓ Possesses the scientific,
	socioeconomic or behavioral	socioeconomic and behavioral
	knowledge required to provide	knowledge required to provide
	patient care.	care for common medical
	✓ Possesses insufficient	conditions and basic preventive
	scientific, socioeconomic and	care

	behavioral knowledge required to provide care for common medical conditions and basic preventive care Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
SBP-1	 ✓ Refuses to recognize the contributions of other interprofessional team members ✓ Frustrates team members with inefficiency and errors ✓ Identifies roles of other team members but does not recognize how/when to utilize them as resources ✓ Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them ineffectively ✓ Participates in team discussions when required but does not actively seek input from other team members
PROF 1	 ✓ Utilizes communication strategies that hamper collaboration and teamwork ✓ Verbal and/or nonverbal behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently employs verbal, nonverbal, and written communication strategies that facilitate collaborative care ✓ Lacks empathy and ✓ Consistently and actively engages in collaborative communication with all members of the team ✓ Verbal, nonverbal and written communication with the team to enhance patient care ✓ Consistently respectful in

compassion for patients and interactions with	
caregivers patients, caregivers and	
✓ Disrespectful in interactions members of the	
with patients, caregivers and interprofessional team, even	in
members of the challenging situations	
interprofessional team	to
✓ Sacrifices patient needs in needs and concerns of patien	ts,
favour of own self-interest caregivers and members of the	ie
✓ Blatantly disregards respect for interprofessional team to ens	ure
patient privacy and autonomy safe and effective care	
✓ Inconsistently demonstrates	
empathy, compassion and Emphasizes patient privacy	and
respect for patients and autonomy in all interactions	
caregivers	
✓ Inconsistently demonstrates	
responsiveness to patients and	
caregivers needs in an	
appropriate fashion	
✓ Inconsistently considers patient	
privacy and autonomy	

EPA 7: Recognize a patient requiring urgent or emergency care and initiate evaluation and management				
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation 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:	PC, MK, PBLI, PROF, ICD			
Competencies within each domain critical to entrustment decisions:	PC 1.3,2.3,3.3,5.3 MK 1.3 PBLI 4.3 PROF 3.3 ICS 1.3			
Methods of assessment	Written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback a. Patient b. Nurses c. Health care workers d. Peers			

Competency	Pre- entrustable	Entrustable	
PC -1	✓ Does not collect/ Inconsistently	✓ Consistently acquires accurate	
	able to collect accurate	and relevant histories from	
	historical data in organized	patients	
	fashion	✓ Seeks and obtain s data from	
	✓ Does not use /Does not perform	secondary sources when needed	
	an appropriately thorough	secondary sources when needed	
	physical examination to confirm	✓ Consistently performs accurate	
	history or misses key physical	and appropriately thorough	
	exam findings	physical exams	
	✓ Relies exclusivelyon	physical exams	
	documentation of others to	✓ Uses collected data to define a	
	generate own database or	patient's central clinical	
	differential diagnosis	problem(s)	
	✓ Fails to recognize/	/ T200 / 1	
	Inconsistently recognizes	✓ Effectively uses history and	
	patient's central clinical	physical examination skills to	
	problems, potentially life	minimize the need for further	
	threatening problems and	diagnostictesting	
	develops limited differential		
	diagnoses		
PC 2	✓ Care plans are consistently	✓ Consistently develops	
	inappropriate or inaccurate	appropriate care plan	
	✓ Does not react to situations that	✓ Recognizes situations requiring	
	require urgent or emergent care	urgent or emergent care	
	✓ Does not seek additional	✓ Seeks additional guidance	
	guidance when needed	and/or consultation as	
	✓ Inconsistently develops an	appropriate	
	appropriate care plan	✓ Appropriately modifies care	
	✓ Inconsistently seeks additional	plans based on patient's clinical	
	guidance when needed	course, additional data, and	
	8	patient preferences	
		patrone protestences	
PC 3	✓ Cannot advance beyond the	✓ Requires indirect/direct	
	need for direct supervision in	supervision to ensure patient	
	the delivery of patient care	safety and quality care	
	✓ Cannot manage patients who	✓ Provides appropriate preventive	
	require urgent or emergent care	care and chronic disease	
	✓ Does not assume responsibility	management in the ambulatory	
	for patient management	setting	
	decisions	✓ Provides comprehensive care	
	✓ Inconsistently manages simple	for single or multiple diagnoses	
	ambulatory complaints or	in the inpatient settings.	
	common chronic diseases	✓ Under supervision, provides	
	✓ Inconsistently provides	appropriate care	
	preventive care in the	✓ Initiates management plans for	
	ambulatory setting	urgent or emergent care	
	✓ Inconsistently manages patients	✓ Seeks additional guidance	

		with straightforward diagnoses		and/or consultation as
	✓	Unable to manage complex		appropriate as
	•	inpatients or patients requiring	√	
			•	Appropriately manages
		intensive care		situations requiring urgent or
				emergent care
PC-5	1	Is unresponsive to questions or	√	Provides consultation services
10-3	•	concerns of others when acting	•	for patients with clinical
		as a consultant or utilizing		problems requiring basic risk
		consultant Services		assessment
	✓		√	
	•	Unwilling to utilize consultant	•	Asks meaningful clinical
		services when appropriate for		questions that guide the input of consultant
		patient care	√	
	✓	Inconsistently manages patients	•	Provides consultation services
		as a consultant to other		for patients with basic and
		physicians/health care teams		complex clinical problems
	✓	Inconsistently applies risk		requiring detailed risk
		assessment principles to patients		assessment
		while acting as a consultant	√	Appropriately weighs
	✓	Inconsistently formulates		recommendations from
		clinical question for a consultant		consultants in order to
		to address		effectively manage patient care
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific		conditions and basic preventive
		socioeconomic and behavioral		care
		knowledge required to provide	√	Possesses the scientific,
		care for common medical		socioeconomic and behavioral
		conditions and basic preventive		knowledge required to provide
		care		care for complex medical
				conditions and comprehensive
				preventive care
PBLI 4	✓	Fails to acknowledge	✓	Routinely "slows down" to
		uncertainty and reverts to a		reconsider an approach to a
		reflexive patterned response		problem, ask for help, or seek
		even when inaccurate		new information
	✓	Fails to seek or apply evidence	✓	Can translate medical
		when necessary		information needs into well-
	✓	Rarely "slows down" to		formed clinical questions
		reconsider an approach to a		independently
		problem, ask for help, or seek	√	Aware of the strengths and
		new information		weaknesses of medical
	✓	Can translate medical		information resources but
		information needs into well-		utilizes information technology
		formed clinical questions with		without/with sophistication
1	1	assistance	✓	With aggistance appraises
		assistance	•	With assistance, appraises
	✓	Unfamiliar with strengths and	•	clinical research reports, based

		1:40.0045500		Indomender the country
	,	literature	✓	Independently appraises
	✓	Has limited awareness of or		clinical research reports based
		ability to use information		on accepted criteria
		technology		
	✓	Accepts the findings of clinical		
		research studies without critical		
		appraisal		
	✓	Inconsistently "slows down" to		
		reconsider an approach to a		
		problem, ask for help, or seek		
		new information		
PROF 3	√	Is insensitive to differences	√	Is sensitive to and has basic
		related to culture, ethnicity,		awareness of differences related
		gender race, age, and religion in		to culture, ethnicity, gender,
		the patient/ caregiver encounter		race, age and religion in the
	✓	<u> </u>		
	*	Is unwilling or requires	./	patient/caregiver encounter
		assistance modify care plan to	√	Modifies care plan to account
		account for a patient's unique		for a patient's unique
		characteristics and needs		characteristics and needs with
				success
ICS-1	✓	Ignores patient preferences for	✓	Engages patients in shared
		plan of care		decision making in
	✓	Makes no attempt to engage		uncomplicated conversations
		patient in shared decision-	✓	Requires assistance facilitating
		making		discussions in difficult or
	✓	Routinely engages in		ambiguous conversations
		antagonistic or counter-	✓	Requires guidance or
		therapeutic relationships with		assistance to engage in
		patients and caregivers		communication with persons of
	✓			different socioeconomic and
		of care plans and respects patient		cultural backgrounds
		preferences when offered by the	✓	Identifies and incorporates
		1	•	1
		patient, but does not actively		patient preference in shared
		solicit preferences		decision making across a wide
	✓	r · · · · · · · · · · · · · · · · · · ·		variety of patient care
		relationships with patients and	,	conversations
		caregivers but is often	✓	Quicing estublishes a
		unsuccessful		therapeutic relationship with
	✓	Defers difficult or ambiguous		patients and caregivers,
		conversations to others		including persons of different
				socioeconomic and cultural
				backgrounds
				<u> </u>
L	l .		l	

EPA 8: Give or receive a patient handover to transfer care responsibility Description of the activity: This Effective and efficient handover communication is included a brief rationale and a critical for patient care. Handover communication list of the functions required for ensures that patients continue to receive high-quality the EPA. and safe care through transfers of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many 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). Most relevant domains of SBP,ICS competence: **Competencies** within SBP 1.3, 4.3 each domain critical to entrustment **ICS 2.3** decisions: Methods of assessment 1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multi-source feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
SBP-1	✓ Refuses to recognize the contributions of other interprofessional team members	✓ Accepts to recognize the contributions of other inter professional team members
	 ✓ Frustrates team member with inefficiency and errors ✓ Identifies roles of other team 	✓ Understands the roles and responsibilities and effectively partners with, all members of
	members but does not recognize how/when to utilize them as resources	the team ✓ Actively engages in team meetings and collaborative
	 ✓ Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them 	decision-making ✓ Efficiently coordinates activities of other team members to optimize care
	ineffectively ✓ Participates in team discussions	

	when required but does not	
	actively seek input from other team members	
SBP 4	✓ Disregards need for communication at time of transfer ✓ Does not respond to requests	 ✓ Recognizes the importance of communication during times of transfer ✓ Communication with future
	of caregivers in other delivery systems ✓ Inconsistently utilizes available resources to	caregivers is present but with lapses in pertinent or timely information ✓ Appropriately utilizes
	coordinate and ensure safe and effective patient care within and across delivery systems ✓ Written and verbal care plans	available resources to coordinate care and ensures safe and effective patient care within and across delivery
	during times of transfer are incomplete or absent Inefficient transfers of care	systems ✓ Proactively communicates with past and future care givers
ICS 2	lead to unnecessary expense or risk to a patient	to ensure continuity of care
ICS-2	 ✓ Utilizes communication strategies that hamper collaboration and teamwork ✓ Verbal and/or non-verbal behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team 	 ✓ Consistently and actively engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
	 ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care 	

EPA 9: Obtain informed consent for tests and/or procedures				
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform, but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.			
Most relevant domains of competence:	PC, MK, ICS, SBP. PBLI			
Competencies within each				
domain critical to entrustment decisions:	MK2.3 SBP3.3,			
decisions.	PBLI3.3			
	ICS 1.3			
Methods of assessment	Workplace assessment by Faculty			
	Multi source feedback			
	a. Patient			
	b. Nurses			
	c. Health care workers			
	d. Peers			

Competency	Pre- entrustable			Entrustable
PC- 4	✓	Does not attempts to perform	✓	Attempts to perform procedures
		procedures without sufficient		with sufficient technical skill or
		technical skill or supervision		supervision
	✓	Unwilling to perform	✓	Willing to perform procedures
		procedures when qualified and		when qualified and necessary for
		necessary for patient care		patient care
	✓	Possesses insufficient technical	✓	Possesses basic technical skill
		skill for safe completion of		for the completion of some
		common procedures		common procedures
			✓	Possesses technical skill and has
				successfully performed all
				procedures required for
				certification
MK 2	✓	Lacks foundational knowledge	✓	Has knowledge to apply
		to apply diagnostic testing and		diagnostic testing and procedures
		procedures to patient care		to patient care
	✓	Inconsistently interprets basic	✓	Consistently interprets basic
		diagnostic tests accurately		diagnostic tests accurately
	✓	Does not understand the	✓	Needs assistance to understand
		concepts of pretest probability		or understands the concepts of
		and test performance		pre-test probability and test
		characteristics		performance characteristics
	✓	Minimally understands	✓	Fully understands the rationale
		therationale and risks associated		and risks associated with
		with common procedures		common procedures

SBP 3	✓ Ignores cost issues in the	✓ Recognizes that external factors
SDI S	provision of care	influence a patient's utilization
	✓ Demonstrates no effort to	-
		•
	effective care	✓ Minimizes unnecessary
	✓ Lacks awareness of external	diagnostic and therapeutic tests
	factors (e.g. socioeconomic,	✓ Possesses a complete
	cultural, literacy insurance status)	understanding of cost awareness
	that impact the cost of health care	principles for a population of
	and the role that external	patients (e.g. screening tests)
	stakeholders (e.g. providers	
	suppliers, financers, purchasers)	
	have on the cost of care	
	✓ Does not consider limited health	
	care resources when ordering	
	diagnostic or therapeutic	
	interventions	
PBLI 3	✓ Never solicits / Rarely seeks	✓ Responds to unsolicited
	feedback	feedback in a defensive fashion
	✓ Actively resists feedback from	✓ Is open to unsolicited Feedback
	others	✓ Solicits feedback from all
	✓ Temporarily or superficially	members of the inter-
	adjusts performance based on	professional team and patient
	feedback	✓ Welcomes unsolicited feedback
		consistency incorporates
	feedback	feedback
	✓ Solicits feedback only from	
	supervisors	
ICS-1	✓ Ignores patient preferences for	✓ Engages patients in shared
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared decision-making	✓ Requires assistance facilitating
	✓ Routinely engages in	discussions in difficult or
	antagonistic or counter	ambiguous conversations
	therapeutic relationships with	✓ Requires guidance or assistance
	patients and caregivers	to engage in communication with
	✓ Engages patients in discussions of	persons of different
	care plans and respects patient	socioeconomic and cultural
	1 1	
	preferences when offered by the	backgrounds
	patient, but does not actively	✓ Identifies and incorporates
	solicit preferences	patient preference in shared
	✓ Attempts to develop therapeutic	decision making across a wide
	relationships with patients and	variety of patient care
	caregivers but is often	conversations
	unsuccessful	✓ Quickly establishes a therapeutic
	✓ Defers difficult or ambiguous	relationship with patients and
	conversations to others	caregivers, including persons of
		different socioeconomic and
		cultural backgrounds
1		cultural backgrounds

EPA 10: Collaborate as a member of an inter professional team				
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.			
Most relevant domains of competence:	SBP, PROF, ICS			
Competencies within each domain critical to entrustment decisions:	SBP 1.3 PROF 2.3 ICS 2.3			
Methods of assessment	Workplace assessment by Faculty Multi-source feedback a. Patient b. Nurses c. Health care workers d. Peers			

EPA 11: Form clinical questions and retrieve evidence to advance patient care			
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.		
Most relevant domains of competence:	PC, MK, ICS, PROF		
Competencies within each	each PC 1.3		
domain critical to entrustment	MK 1.3		
decisions:	ICS 1.3		
	PROF 1.3		
Methods of assessment	Written exam (Every 6 months)		
	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable			Entrustable	
PC -1	✓	Does not collect/Inconsistently	✓	Consistently acquires accurate	
		able to collect accurate		and relevant histories from	
		historical data in organized		patients	
		fashion	✓	Seeks and obtains data from	
	✓	Does not use /Does not perform		secondary sources when needed	
		an appropriately thorough	✓	Consistently performs accurate	
		physical examination to confirm		and appropriately thorough	
		history or misses key physical		physical exams	
		exam findings	✓	Uses collected data to define a	
	✓	Relies exclusively on	`	patient's central clinical	
	'	documentation of others to		problem(s)	
			✓	•	
		generate own database or	*	Effectively uses history and	
		differential diagnosis		physical examination skills to	
	✓	Fails to recognize/		minimize the need for further	
		Inconsistently recognizes		diagnostic testing	
		patient's central clinical			
		problems, potentially life			
		threatening problems and			
		develops limited differential			
		diagnoses			
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,	
		socioeconomic or behavioral		socioeconomic and behavioral	
		knowledge required to provide		knowledge required to provide	
		patient care		care for common medical	
	✓	Possesses insufficient scientific,		conditions and basic preventive	
		socioeconomic and behavioral		care	
		knowledge required to provide	✓	Possesses the scientific,	
		care for common medical		socioeconomic and behavioral	
		conditions and basic preventive		knowledge required to provide	
		care		care for complex medical	
				conditions and comprehensive	
				preventive care	
ICS-1	√	Ignores patient preferences for	✓	-	
		plan of care		decision making in	
	✓	Makes no attempt to engage		uncomplicated conversations	
		patient in shared decision-making	✓	Requires assistance facilitating	
	✓	Routinely engages in		discussions in difficult or	
		antagonistic or		ambiguous conversations	
		counter-therapeutic	✓	Requires guidance or	
		relationships with patients and		assistance to engage in	
		caregivers		communication with persons of	
	✓			different socioeconomic and	
		of care plans and respects patient		cultural backgrounds	
			✓	Identifies and incorporates	
		preferences when offered by the	•	patient preference in shared	
		patient, but does not actively			
		solicit preferences		decision making across a wide	
	•	Attempts to develop therapeutic		variety of patient care conversations	
		relationships with patients and	./		
		caregivers but is often		Quickly establishes a	

	unsuccessful	therapeutic relationship with
	✓ Defers difficult or ambiguous	patients and caregivers, including
	conversations to others	persons of different
		socioeconomic and cultural
		backgrounds
PROF 1	✓ Lacks empathy and compassio	n ✓ Consistently respectful in
	for patients and caregivers	interactions with patients,
	✓ Disrespectful in interactions	caregivers and members of the
	with patients, caregivers and	interprofessional team, even in
	members of the interprofessiona	l challenging situations
	team	✓ Is available and responsive to
	✓ Sacrifices patient needs i	n needs and concerns of patients,
	favour of own self-interest	caregivers and members of the
	✓ Blatantly disregards respect for	interprofessional team to ensure
	patient privacy and autonomy	safe and effective care
	✓ Inconsistently demonstrates	✓ Emphasizes patient privacy and
	empathy, compassion and	autonomy in all interactions
	respect for patients and	
	caregivers	
	✓ Inconsistently demonstrates	
	responsiveness to patients and	
	caregivers needs in an	
	appropriate fashion	
	✓ Inconsistently considers patient	
	privacy and autonomy	

EPA 12: Applied aspects of ca	rdiovascular system			
Description of the activity:	This activity requires the ability to:			
This included a brief	• Understand the basic knowledge pertaining to anatomy,			
rationale and a list of the	patho-physiology, biochemical and pharmacological basis			
functions required for the	of cardiovascular diseases like;			
EPA.	 Congenital heart diseases and 			
	 Acquired heart diseases 			
	• To correlate complex clinical manifestations and clinical			
	findings with their patho-physiological and or structural			
	abnormalities			
	• Identify clear indication of drugs used in heart diseases,			
	their Adverse effects and Serious Adverse events			
	Understands and initiate the process of ADR reporting.			
	• Present his observation colleagues, including senior			
	clinicians			
Most relevant domains of	PC, MK, PBLI, PROF			
competence:	PC, MR, PDLI, PROF			
Competencies within each	PC 1.3			
domain critical to	MK 1.3			
entrustment decisions:	PBLI 2.3,3.3			
	PROF 1.3			
Methods of assessment	1. Periodic written exam (Every 6 months)			
	2. Workplace assessment by Faculty			

3. Multi-source feedback
a. Patient
b. Nurses
c. Health care workers
d. Peers

Competency		Pre entrustable		Entrustable
PC-1	√	Does not collect/Inconsistently	✓	Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	Relies exclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problem(s)
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
		patient's central clinical problem		diagnostic testing
		potentially life threatening		
		problems and develops limited		
		differential diagnoses		
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific,		conditions and basic preventive
		socioeconomic and behavioral		care
		knowledge required to provide	✓	Possesses the
		care for common medical		scientific, socioeconomic and
		conditions and basic preventive		behavioral knowledge required
		care		to provide care for complex
				medical conditions and
				comprehensive preventive care
PBLI 2	✓	Disregards own clinical	✓	Analyzes own clinical
		performance data		performance data and identifies
	✓	Demonstrates no inclination to		opportunities for
		participate in or even consider		improvement&actively work to
		the results of quality		improve performance
		improvement efforts	✓	Effectively participates in a
	✓	Limited awareness of or desire		quality improvement project
		to analyze own clinical	✓	Understands common principles
		performance data		and techniques of quality
	✓	Nominally participates in		improvement and appreciates the
		quality improvement projects		responsibility to assess and
	✓	Not familiar with the principles,		improve care for a panel of

	techniques or importance of quality improvement	patients
PBLI 3	 ✓ Never solicits /Rarely seeks feedback ✓ Actively resists feedback from others ✓ Temporarily or superficially adjusts performance based on feedback ✓ Inconsistently incorporates feedback ✓ Solicits feedback only from supervisors 	 ✓ Responds to unsolicited feedback in a defensive fashion ✓ Is open to unsolicited Feedback ✓ Solicits feedback from all members of the interprofessional team and patient ✓ Welcomes unsolicited feedback ✓ Consistently incorporates feedback
PROF 1	 ✓ Lacks empathy and compassion for patients and caregivers ✓ Disrespectful in interactions with patients, caregivers and members of the interprofessional team ✓ Sacrifices patient needs in favour of own self-interest ✓ Blatantly disregards respect for patient privacy and autonomy ✓ Inconsistently demonstrates empathy, compassion and respect for patients and caregivers ✓ Inconsistently demonstrates responsiveness to patients and caregivers needs in an appropriate fashion 	 ✓ Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ Emphasizes patient privacy and autonomy in all interactions

Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical

Description of the activity: This included a brief rationale and a list of the functions required for the EPA.

This activity requires the ability to:

EPA 13: Applied aspects of Respiratory system

- pharmacological basis of Respiratory diseases like;
 - Airway disease
 - o Parenchymal diseases
 - Pleural diseases
 - o Disorders of thoracic cage and respiratory centers.
- To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities of respiratory system
- Identify clear indication of drugs used in respiratory diseases, their Adverse effects and Serious Adverse events

	 Understands and initiate the process of ADR reporting. Present his observation colleagues, including senior clinicians 		
Most relevant domains of competence:	PC, MK, PBLI, PROF		
Competencies within each	PC 1.3		
domain critical to entrustment	MK 1.3		
decisions:	PBLI 2.3,3.3		
	PROF 1.3		
Methods of assessment	Periodic written exam (Every 6 months)		
	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency		Pre entrustable		Entrustable
PC-1	✓	Does not collect/Inconsistently	✓	Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	Relies exclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problem(s)
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
		patient's central clinical problem		diagnostic testing
		potentially life threatening		
		problems and develops limited		
		differential diagnoses		
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific,		conditions and basic preventive
		socioeconomic and behavioral	_	care
		knowledge required to provide	✓	Possesses the scientific,
		care for common medical		socioeconomic and behavioral
		conditions and basic preventive		knowledge required to provide
		care		care for complex medical
				conditions and comprehensive
DDIIA	./	Diamaganda ayın alini sal	√	preventive care
PBLI 2	✓	Disregards own clinical	✓	Analyzes own clinical

	performance data ✓ Demonstrates no inclination to participate in or even consider the results of quality improvement efforts ✓ Limited awareness of or desire to analyze own clinical performance data ✓ Nominally participates in quality improvement projects ✓ Not familiar with the principles, techniques or importance of quality improvement	performance data and identifies opportunities for improvement&actively work to improve performance ✓ Effectively participates in a quality improvement project ✓ Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients
PBLI 3	 ✓ Never solicits /Rarely seeks feedback ✓ Actively resists feedback from others ✓ Temporarily or superficially adjusts performance based on feedback ✓ Inconsistently incorporates feedback ✓ Solicits feedback only from supervisors 	 ✓ Responds to unsolicited feedback in a defensive fashion ✓ Is open to unsolicited Feedback ✓ Solicits feedback from all members of the interprofessional team and patient ✓ Welcomes unsolicited feedback ✓ Consistently incorporates feedback
PROF 1	✓ Lacks empathy and compassion for patients and caregivers ✓ Disrespectful in interactions with patients, caregivers and members of the interprofessional team ✓ Sacrifices patient needs in favour of own self-interest ✓ Blatantly disregards respect for patient privacy and autonomy ✓ Inconsistently demonstrates empathy, compassion and respect for patients and caregivers ✓ Inconsistently demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	 ✓ Consistently respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ Emphasizes patient privacy and autonomy in all interactions

EPA 14: Applied aspects of Central Nervous system				
Description of the activity:	This activity requires the ability to:			
This included a brief rationale and a list of the functions required for the EPA.	patho-physiology, biochemical and pharmacological basis of Central, Peripheral and Autonomic Nervous system diseases like; o Congenital and developmental disorders of CNS o Metabolic disorders affecting CNS, PNS and ANS o Vascular, demyelinating and degenerative disorders • To correlate complex clinical manifestations and clinical			
	 findings with their patho-physiological and or structural abnormalities of CNS, PNS and ANS Identify clear indication of drugs used in disorders of nervous system, their Adverse effects and Serious Adverse events Understands and initiate the process of ADR reporting. Present his observation colleagues, including senior clinicians 			
Most relevant domains of competence: PC, MK, PBLI, PROF				
Competencies within each	PC 1.3, MK 1.3, PBLI 2.3,3.3,PROF 1.3			
domain critical to				
entrustment decisions:				
Methods of assessment	Periodic written exam (Every 6 months)			
	Workplace assessment by Faculty			
	Multi-source feedback a. Patient			
	a. Patient b. Nurses			
	c. Health care workers			
	d. Peers			

Competency		Pre entrustable		Entrustable
PC-1	✓	Does not collect/Inconsistently	✓	Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	Relies exclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problem(s)
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
		patient's central clinical problem		diagnostic testing
		potentially life threatening		

	problems and develops limited differential diagnoses		
MK-1	✓ Lacks the scientific,	-	Possesses the scientific,
IVIIX-I	socioeconomic or behavioral		socioeconomic and behavioral
	knowledge required to provide		knowledge required to provide
	patient care		care for common medical
	✓ Possesses insufficient scientific.		conditions and basic preventive
	socioeconomic and behavioral		care
	knowledge required to provide	✓	Possesses the scientific,
	care for common medical		socioeconomic and behavioral
	conditions and basic preventive		knowledge required to provide
	care		care for complex medical
			conditions and comprehensive
			preventive care
PBLI 2	✓ Disregards own clinical	✓	Analyzes own clinical
	performance data		performance data and identifies
	✓ Demonstrates no inclination to		opportunities for
	participate in or even consider		improvement&actively work to
	the results of quality		improve performance
	improvement efforts	✓	Effectively participates in a
	✓ Limited awareness of or desire		quality improvement project
	to analyze own clinical	✓	Understands common principles
	performance data		and techniques of quality
	✓ Nominally participates in		improvement and appreciates the
	quality improvement projects ✓ Not familiar with the principles		responsibility to assess and
	Tio ranimal with the principles		improve care for a panel of patients
	techniques or importance of quality improvement		patients
PBLI 3	✓ Never solicits / Rarely seek	s 🗸	Responds to unsolicited
1 BL1 3	feedback	, ,	feedback in a defensive fashion
	✓ Actively resists feedback from	1 🗸	Is open to unsolicited Feedback
	others	· 🗸	Solicits feedback from all
	✓ Temporarily or superficially	7	members of the inter-
	adjusts performance based or		professional team and patient
	feedback	✓	Welcomes unsolicited feedback
	✓ Inconsistently incorporate	s 🗸	Consistently incorporates
	feedback		feedback
	✓ Solicits feedback only from	1	
	supervisors		
PROF 1	✓ Lacks empathy and compassion	1 ✓	Consistently respectful in
	for patients and caregivers		interactions with patients,
	✓ Disrespectful in interaction		caregivers and members of the
	with patients, caregivers and		interprofessional team, even in
	members of the inter		challenging situations
	professional team	√	Is available and responsive to
	✓ Sacrifices patient needs in	1	needs and concerns of patients,
	favour of own self-interest		caregivers and members of the
	✓ Blatantly disregards respect fo	r	interprofessional team to ensure
	patient privacy and autonomy	✓	safe and effective care
	✓ Inconsistently demonstrates		Emphasizes patient privacy and

	empathy, compassion and respect for patients and caregivers	autonomy in all interactions
✓	Inconsistently demonstrates	
	responsiveness to patients and caregivers needs in an	
	appropriate fashion	

EPA 15: Applied aspects of Gastro	EPA 15: Applied aspects of Gastrointestinal and hepatobiliary system				
Description of the activity: This	This activity requires the ability to:				
included a brief rationale and a	• Understand the basic knowledge pertaining to				
list of the functions required for	anatomy, patho-physiology, biochemical and				
the EPA.	pharmacological basis of gastrointestinal and				
	hepatobiliary disorders like;				
	 Disorders of gastric motility 				
	 Acid peptic disorder 				
	 Mal-absorption syndrome 				
	 Diverticulosis 				
	 Congenital disorders associated with bilirubin 				
	metabolism				
	 Interpretation of Liver function test 				
	To correlate complex clinical manifestations and				
	clinical findings with their patho-physiological and or				
	structural abnormalities				
	Identify clear indication of drugs used, their Adverse				
	effects and Serious Adverse events				
	• Understands and initiate the process of ADR				
	reporting.				
	• Present his observation colleagues, including senior				
	clinicians				
Most relevant domains of competence:	PC, MK, PBLI, PROF				
Competencies within each	PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3				
domain critical to entrustment					
decisions:					
Methods of assessment	Periodic written exam (Every 6 months)				
	Workplace assessment by Faculty				
	Multi-source feedback				
	a. Patient				
	b. Nurses				
	c. Health care workers				
	d. Peers				

Competency	Pre entrustable	Entrustable
PC-1	✓ Does not collect/Inconsistently	✓ Consistently acquires accurate
	able to collect accurate historical	and relevant histories from
	data in organized fashion	patients
	✓ Does not use /Does not perform	✓ Seeks and obtain s data from
	an appropriately thorough	secondary sources when needed
	physical examination to confirm	✓ Consistently performs accurate
	history or misses key physical	and appropriately thorough
	exam findings	physical exams
	✓ Relies exclusively on	✓ Uses collected data to define a
	documentation of others to	patient's central clinical
	generate own database or	problem(s)
	differential diagnosis	✓ Effectively uses history and
	✓ Fails to recognize/	physical examination skills to
	Inconsistently recognizes	minimize the need for further
	patient's central clinical problem	diagnostic testing
	potentially life threatening	
	problems and develops limited	
	differential diagnoses	
MK-1	✓ Lacks the scientific,	✓ Possesses the scientific,
	socioeconomic or behavioral	socioeconomic and behavioral
	knowledge required to provide	knowledge required to provide
	patient care	care for common medical
	✓ Possesses insufficient scientific,	conditions and basic preventive
	socioeconomic and behavioral	care
	knowledge required to provide	✓ Possesses the scientific,
	care for common medical	socioeconomic and behavioral
	conditions and basic preventive	knowledge required to provide
	care	care for complex medical
		conditions and comprehensive
		preventive care
PBLI 2	✓ Disregards own clinical	✓ Analyzes own clinical
	performance data	performance data and identifies
	✓ Demonstrates no inclination to	opportunities for
	participate in or even consider	improvement&actively work to
	the results of quality	improve performance
	improvement efforts	✓ Effectively participates in a
	✓ Limited awareness of or desire	quality improvement project
	to analyze own clinical	✓ Understands common principles
	performance data	and techniques of quality
	✓ Nominally participates in	improvement and appreciates the
	quality improvement projects	responsibility to assess and
	✓ Not familiar with the principles,	-
	techniques or importance of	patients
	quality improvement	
PBLI 3	✓ Never solicits /Rarely seeks	_
	feedback	feedback in a defensive fashion
	✓ Actively resists feedback from	Is open to unsolicited Feedback

	others	✓	Solicits feedback from all
	✓ Temporarily or superficially		members of the inter-
	adjusts performance based on		professional team and patient
	feedback	√	Welcomes unsolicited feedback
	✓ Inconsistently incorporates	√ ·	Consistently incorporates
	feedback		feedback
	✓ Solicits feedback only from	ı.	
	supervisors		
PROF 1	✓ Lacks empathy and compassion	. 🗸	Consistently respectful in
	for patients and caregivers		interactions with patients,
	✓ Disrespectful in interactions		caregivers and members of the
	with patients, caregivers and	-	inter-professional team, even in
	members of the inter-		challenging situations
	professional team	✓	Is available and responsive to
	✓ Sacrifices patient needs in	L	needs and concerns of patients,
	favour of own self-interest		caregivers and members of the
	✓ Blatantly disregards respect for		interprofessional team to ensure
	patient privacy and autonomy		safe and effective care
	✓ Inconsistently demonstrates	✓	Emphasizes patient privacy and
	empathy, compassion and		autonomy in all interactions
	respect for patients and		
	caregivers		
	✓ Inconsistently demonstrates		
	responsiveness to patients and		
	caregivers needs in an		
	appropriate fashion		

EPA 16: Applied aspects of Endocrine and Reproductive System				
Description of the activity:	This activity requires the ability to:			
This included a brief	• Understand the basic knowledge pertaining to anatomy,			
rationale and a list of the	patho-physiology, biochemical and pharmacological basis			
functions required for the	of disorders of endocrine system like;			
EPA.	o Feedback regulation of hormone synthesis and			
	inherited disorders of hormone synthesis, secretion			
	and its action.			
	o Disorders of glucose regulation, Diabetes and			
	related complications.			
	 Disorders of male and female reproductive system. 			
	To correlate complex clinical manifestations and clinical			
	findings with their patho-physiological and or structural			
	abnormalities			
	• Identify clear indication of drugs used, their Adverse			
	effects and Serious Adverse events			
	Understands and initiate the process of ADR reporting. Process of ADR reporting.			
	• Present his observation colleagues, including senior			
	clinicians			
Most relevant domains of	PC, MK, PBLI, PROF			
competence:	, , ,			
Competencies within each	PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3			

domain critical entrustment decisions:	to	
Methods of assessment		Periodic written exam (Every 6 months)
		Workplace assessment by Faculty
		Multi-source feedback
		a. Patient
		b. Nurses
		c. Health care workers
		d. Peers

Competency		Pre entrustable		Entrustable
PC-1	✓	Does not collect/Inconsistently	✓	Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	Relies exclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problem(s)
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
		patient's central clinical problem		diagnostic testing
		potentially life threatening		ungnosm testing
		problems and develops limited		
		differential diagnoses		
MK-1	√	Lacks the scientific,	√	Possesses the scientific,
1,111		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific,		conditions and basic preventive
		socioeconomic and behavioral		care
		knowledge required to provide	✓	Possesses the scientific,
		care for common medical		socioeconomic and behavioral
		conditions and basic preventive		knowledge required to provide
		care		care for complex medical
				conditions and comprehensive
				preventive care
PBLI 2	√	Disregards own clinical	√	Analyzes own clinical
		performance data		performance data and identifies
	✓	Demonstrates no inclination to		opportunities for
		participate in or even consider		improvement&actively work to
		the results of quality		improve performance
		improvement efforts	✓	Effectively participates in a
	✓	Limited awareness of or desire		quality improvement project
		to analyze own clinical	√	Understands common principles
	<u> </u>	to analyze own chinear		Chacistanas common principies

	C 1.		1 . 1
	performance data		d techniques of quality
	✓ Nominally participates in		provement and appreciates the
	quality improvement projects		sponsibility to assess and
	✓ Not familiar with the principles,	im	prove care for a panel of
	techniques or importance of	pa	tients
	quality improvement		
PBLI 3	✓ Never solicits /Rarely seeks	✓ Re	esponds to unsolicited
	feedback	fee	edback in a defensive fashion
	✓ Actively resists feedback from	✓ Is	open to unsolicited Feedback
	others		olicits feedback from all
	✓ Temporarily or superficially		embers of the inter-
	adjusts performance based on	pro	ofessional team and patient
	feedback	✓ W	elcomes unsolicited feedback
	✓ Inconsistently incorporates	✓ Co	onsistently incorporates
	feedback	fee	edback
	✓ Solicits feedback only from		
	supervisors		
PROF 1	✓ Lacks empathy and compassion	✓ Co	onsistently respectful in
	for patients and caregivers		teractions with patients,
	✓ Disrespectful in interactions		regivers and members of the
	with patients, caregivers and		terprofessional team, even in
	members of the inter-		allenging situations
	professional team		available and responsive to
	✓ Sacrifices patient needs in		eds and concerns of patients,
	favour of own self-interest		regivers and members of the
	✓ Blatantly disregards respect for		terprofessional team to ensure
	patient privacy and autonomy		fe and effective care
	✓ Inconsistently demonstrates		nphasizes patient privacy and
	empathy, compassion and		tonomy in all interactions
	respect for patients and	au	tonomy in an interactions
	caregivers		
	responsiveness to patients and		
	caregivers needs in an		
	appropriate fashion		

EPA 17: Applied aspects of Nephrology

Description of the activity: This included a brief rationale and a list of the functions required for the EPA.

This activity requires the ability to:

- Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Renal disorders like;
 - o Congenital renal disorders.
 - Glomerular / tubule-interstitial/vascular disorders of kidney
 - Interpret Renal function tests in various types of kidney diseases.
 - o Renal stone formation and underlying pathophysiology.
- To correlate complex clinical manifestations and clinical

	findings with their patho-physiological and or structural abnormalities Identify clear indication of drugs used, their Adverse effects and Serious Adverse events Understands and initiate the process of ADR reporting. Present his observation colleagues, including senior clinicians
Most relevant domains of competence:	PC, MK, PBLI, PROF
Competencies within each	PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3
domain critical to	
entrustment decisions:	
Methods of assessment	Periodic written exam (Every 6 months)
	Workplace assessment by Faculty
	Multi-source feedback
	a. Patient
	b. Nurses
	c. Health care workers
	d. Peers

Competency		Pre entrustable		Entrustable
PC-1	✓	Does not collect/Inconsistently	✓	Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	reales enclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problem(s)
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
		patient's central clinical problem		diagnostic testing
		potentially life threatening		
		problems and develops limited		
		differential diagnoses		
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific,		conditions and basic preventive
		socioeconomic and behavioral		care
		knowledge required to provide	✓	Possesses the scientific,
		care for common medical		socioeconomic and behavioral
		conditions and basic preventive		knowledge required to provide
		care		care for complex medical

		conditions and comprehensive preventive care
PBLI 2	 ✓ Disregards own clinical performance data ✓ Demonstrates no inclination to participate in or even consider the results of quality improvement efforts ✓ Limited awareness of or desire to analyze own clinical performance data ✓ Nominally participates in quality improvement projects ✓ Not familiar with the principles, techniques or importance of quality improvement 	 ✓ Analyzes own clinical performance data and identifies opportunities for improvement&actively work to improve performance ✓ Effectively participates in a quality improvement project ✓ Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients
PBLI 3	 ✓ Never solicits /Rarely seeks feedback ✓ Actively resists feedback from others ✓ Temporarily or superficially adjusts performance based on feedback ✓ Inconsistently incorporates feedback ✓ Solicits feedback only from supervisors 	 ✓ Responds to unsolicited feedback in a defensive fashion ✓ Is open to unsolicited Feedback ✓ Solicits feedback from all members of the interprofessional team and patient ✓ Welcomes unsolicited feedback ✓ Consistently incorporates feedback
PROF 1	 ✓ Lacks empathy and compassion for patients and caregivers ✓ Disrespectful in interactions with patients, caregivers and members of the interprofessional team ✓ Sacrifices patient needs in favour of own self-interest ✓ Blatantly disregards respect for patient privacy and autonomy ✓ Inconsistently demonstrates empathy, compassion and respect for patients and caregivers ✓ Inconsistently demonstrates responsiveness to patients and caregivers needs in an appropriate fashion 	 ✓ Consistently respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ Emphasizes patient privacy and autonomy in all interactions

EPA 18: Interview an adolesc	ent, clinically examine, formulate differential diagnosis,		
	rely communicate with their parents / guardian.		
Description of the activity:	This activity requires the ability to:		
This included a brief	 Understand diseases in children which are of relevance to 		
rationale and a list of the	General Medicine like;		
functions required for the	 Inborn disorders of Metabolism, Acute Rheumatic Fever, 		
EPA.	Reno-vascular diseases, allergic airway diseases, disorders		
	of Immune system, Juvenile arthritis, Neuroinfections and		
	Congenital disorders		
	Do a systematic examination of an adolescent, create a also of explication agricus at differential diagraphic and an adolescent.		
	plan of evaluation, arrive at differential diagnosis, order		
	relevant investigations and offer specific treatment plan.		
	• Gain confidence of adolescent during the entire process of		
	history taking, clinical examination and treatment.		
	• Communicate effectively with parents in explaining the		
	nature of adolescent's illness and offer them the available		
	modalities of treatment. Also offer Genetic counselling in		
	inherited disorders.		
	• Identify clear indication of drugs and their weight		
	adjustment in pediatric patients, their Adverse effects and		
	Serious Adverse events		
	• Understands and initiate the process of ADR reporting.		
	• Present his observation colleagues, including senior		
	clinicians		
	• Maintain confidentiality of patient details with special		
	reference to the genetic disorders.		
Most relevant domains of	• PC, MK, SBP, PBLI, PROF,ICS		
competence:			
Competencies within each	• PC 1.3,2.3,3.3,5.3		
domain critical to	• MK 1.3,2.3		
entrustment decisions:	• SBP 1.3		
	• PBLI 4.3		
	• PROF 1.3,3.3		
	• ICS 1.3,2.3		
Methods of assessment	Periodic written exam (Every 6 months)		
	Mini-cex		
	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable	Er	ntrustable
PC-1	✓ Does not collect/Inconsistently	✓ Consisten	tly acquires accurate
	able to collect accurate historical		nt histories from
	data in organized fashion	patients	
	✓ Does not use /Does not perform	✓ Seeks and	obtain s data from
	an appropriately thorough	secondary	sources when needed
	physical examination to confirm	✓ Consisten	tly performs accurate
	history or misses key physical	and approp	oriately thorough
	exam findings	physical ex	xams
	✓ Relies exclusively on	✓ Uses collec	cted data to define a
	documentation of others to	patient's ce	entral clinical
	generate own database or	problem(s))
	differential diagnosis		y uses history and
	✓ Fails to recognize/		xamination skills to
	Inconsistently recognizes		the need for further
	patient's central clinical	diagnostic	testing
	problems potentially life		
	threatening problems and		
	develops limited differential		
	diagnoses		
PC 2	✓ Care plans are consistently	✓ Consisten	•
	inappropriate or inaccurate		ite care plan
	✓ Does not react to situations that	_	es situations requiring
	require urgent or emergent care	•	emergent care
	✓ Does not seek additional		itional guidance and/or
	guidance when needed		on as appropriate
	✓ Inconsistently develops an		ately modifies care
	appropriate care plan	-	d on patient's clinical
	✓ Inconsistently seeks additional		ditional data, and
	guidance when needed	patient pre	terences
PC 3	✓ Cannot advance beyond the	✓ Requires	indirect/direct
	need for direct supervision in the	-	n to ensure patient
	delivery of patient care	-	quality care
	✓ Cannot manage patients who	•	appropriate preventive
	require urgent or emergent care		d chronic disease
	✓ Does not assume responsibility		ent in the ambulatory
	for patient management	setting	j
	decisions	_	comprehensive care for
	✓ Inconsistently manages simple		nultiple diagnoses in
	ambulatory complaints or	the inpatie	1 0
	common chronic diseases	_	upervision, provides
	✓ Inconsistently provides	appropriate	
	preventive care in the		nanagement plans for
	ambulatory setting	urgent or e	emergent care
	✓ Inconsistently manages patients	-	dditional guidance
	with straightforward diagnoses	and/or	consultation as
	✓ Unable to manage complex	appropriate	e
	inpatients or patients requiring	✓ Appropria	
	intensive care		requiring urgent or

	emergent care
PC-5	 ✓ Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant Services ✓ Unwilling to utilize consultant services when appropriate for patient care ✓ Inconsistently manages patients as a consultant to other physicians/health care teams ✓ Inconsistently applies risk assessment principles to patients while acting as a consultant ✓ Inconsistently formulates clinical question for a consultant to address ✓ Inconsistently formulates clinical question for a consultant to address ✓ Inconsistently manage patients while acting as a consultant to address
MK-1	 ✓ Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ Possesses the scientific, socioeconomic and behavioral conditions and behavioral knowledge required to provide care for common medical knowledge required to provide care for common medical conditions and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	 ✓ Lacks foundational knowledge to apply diagnostic testing and procedures to patient care ✓ Inconsistently interprets basic diagnostic tests accurately ✓ Does not understand the concepts of pre-test probability and test performance characteristics ✓ Minimally understands the rationale and risks associated with common procedures ✓ Eas knowledge to apply diagnostic testing and procedures to patient care ✓ Consistently interprets basic diagnostic tests accurately ✓ Needs assistance to understand or understands the concepts of pre-test probability and test performance characteristics ✓ Fully understands the rationale and risks associated with common procedures
SBP-1	 ✓ Refuses to recognize the contributions of other interprofessional team members ✓ Frustrates team members with inefficiency and errors ✓ Identifies roles of other team members but does not recognize ✓ Accepts to recognize the contributions of other interprofessional team members ✓ Understands the roles and responsibilities and effectively partners with, all members of the team

	how/when to utilize them as resources ✓ Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them ineffectively ✓ Participates in team discussions when required but does not actively seek input from other team members	 ✓ Actively engages in team meetings and collaborative decision-making ✓ Efficiently coordinates activities of other team members to optimize care
PBLI 4	 ✓ Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ Fails to seek or apply evidence when necessary ✓ Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions with assistance ✓ Unfamiliar with strengths and weaknesses of the medical literature ✓ Has limited awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies without critical appraisal ✓ Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information 	 ✓ Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions independently ✓ Aware of the strengths and weaknesses of medical information resources but utilizes information technology without/with sophistication ✓ With assistance, appraises clinical research reports, based on accepted criteria ✓ Independently appraises clinical research reports based on accepted criteria
PROF 1	 ✓ Lacks empathy and compassion for patients and caregivers ✓ Disrespectful in interactions with patients, caregivers and members of the interprofessional team ✓ Sacrifices patient needs in favour of own self-interest ✓ Blatantly disregards respect for 	 ✓ Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ Is available and responsive to needs and concerns of patients, caregivers and members of the

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		patient privacy and autonomy		interprofessional team to ensure
	✓	and one of the state of the sta		safe and effective care
		empathy, compassion and		
		respect for patients and	✓	Emphasizes patient privacy and
		caregivers		autonomy in all interactions
	✓	Inconsistently demonstrates		
		responsiveness to patients and		
		caregivers needs in an		
		appropriate fashion		
	✓	Inconsistently considers patient		
		privacy and autonomy		
PROF 3	√	Is insensitive to differences	√	Is sensitive to and has basic
TROF 3	•	related to culture, ethnicity,	•	awareness of differences related
		•		
		gender, race, age, and religion in		to culture, ethnicity, gender,
		the patient/caregiver encounter		race, age and religion in the
	✓	Is unwilling or requires	_	patient/caregiver encounter
		assistance modify care plan to	✓	Modifies care plan to account
		account for a patient's unique		for a patient's unique
		characteristics and needs		characteristics and needs with
				success
ICS-1	✓	Ignores patient preferences for	✓	Engages patients in shared
		plan of care		decision making in
	✓	Makes no attempt to engage		uncomplicated conversations
		patient in shared decision-making	✓	Requires assistance facilitating
	✓	-		discussions in difficult or
		antagonistic or		ambiguous conversations
		counter-therapeutic	✓	Requires guidance or assistance
		<u>-</u>	•	to engage in communication with
		relationships with patients and		
		caregivers		persons of different
	✓	Engages patients in discussions		socioeconomic and cultural
		of care plans and respects patient		backgrounds
		preferences when offered by the	✓	
		patient, but does not actively		patient preference in shared
		solicit preferences		decision making across a wide
	✓	Attempts to develop therapeutic		variety of patient care
		relationships with patients and		conversations
		caregivers but is often	✓	Quickly establishes a therapeutic
		unsuccessful		relationship with patients and
	✓	Defers difficult or ambiguous		caregivers, including persons of
		conversations to others		different socioeconomic and
				cultural backgrounds
ICS-2	✓	Utilizes communication strategies	✓	Consistently and actively
		that hamper collaboration and		engages in collaborative
		teamwork		communication with all members
	✓	Verbal and/or non-verbal		of the team
		behaviours disrupt effective	✓	Verbal, non-verbal and written
		collaboration with team members	-	communication consistently acts
	√			to facilitate collaboration with
	•			
		communication that fails to		the team to enhance patient care
		utilize the wisdom of the team		

- **Resists** offers of collaborative input
- ✓ **Inconsistently** engages in collaborative communication with appropriate members of the
- ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care

EPA 19: Interview a patient with psychiatric disorder, clinically examine, formulate

differential diagnosis, management plan and effectively communicate with the patient /			
guardian.			
	 This activity requires the ability to: Understand the normal and altered mental status with special reference to psychiatric manifestations due to organic illnesses. Identify the manifestations of substance abuse and eating disorders. Understanding of various scoring systems used in psychiatric disorders and its implications in treatment and follow-up. Does a systematic examination of a psychiatric patient, create a plan of evaluation, and arrive at differential diagnosis, order relevant investigations and offer specific pharmacological and non-pharmacological treatment plan. Identify relevant investigations in psychiatric patients with special reference to Neuroimaging and Electro encephalogram. Gain confidence of patient during the entire process of history taking, clinical examination and treatment. Communicate effectively with patient / parents/ legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. Identifies clear indications of antipsychotic drugs, antidepressants, antianxiety drugs, anticonvulsants etc. Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses while treating an associated medical condition to order a safe prescription. Present his observation to colleagues, including senior clinicians 		
	Maintain confidentiality of patient details.		
Most relevant domains of competence:	• PC, MK, SBP, PBLI, PROF,ICS		
Competencies within each	• PC 1.3,2.3,3.3,5.3		
domain critical to	• MK 1.3,2.3		

entrustment decisions:	• SBP 1.3	
	• PBLI 4.3	
	• PROF 1.3,3.3	
	• ICS 1.3,2.3	
Methods of assessment	Periodic written exam (Every 6 months)	
	Mini-cex	
	Workplace assessment by Faculty	
	Multi-source feedback	
	a. Patient	
	b. Nurses	
	c. Health care workers	
	d. Peers	

Competency	Pre- entrustable	Entrustable
PC-1	✓ Does not collect/ Inconsistently	✓ Consistently acquires accurate
	able to collect accurate	and relevant histories from
	historical data in organized	patients
	fashion	✓ Seeks and obtain s data from
	✓ Does not use /Does not perform	secondary sources when needed
	an appropriately thorough	✓ Consistently performs accurate
	physical examination to confirm	and appropriately thorough
	history or misses key physical	physical exams
	exam findings	✓ Uses collected data to define a
	✓ Relies exclusively on	patient's central clinical
	documentation of others to	problem(s)
	generate own database or	✓ Effectively uses history and
	differential diagnosis	physical examination skills to
	√ Fails to recognize/	minimize the need for further
	Inconsistently recognizes	diagnostic testing
	patient's central clinical	
	problems potentially life	
	threatening problems and	
	develops limited differential	
	diagnoses	
DC 2	(0 1	
PC 2	✓ Care plans are consistently	
	inappropriate or inaccurate	appropriate care plan
	✓ Does not react to situations that	
	require urgent or emergent care ✓ Does not seek additional	urgent or emergent care
		ε
	guidance when needed ✓ Inconsistently develops an	consultation as appropriate
	appropriate care plan ✓ Inconsistently seeks additional	plans based on patient's clinical
PC 3	guidancewhen needed ✓ Cannot advance beyond the	patient preferences ✓ Requires indirect/direct
PC 3	cultifor advance objects the	
	need for direct supervision in the	-
	delivery of patient care	safety and quality care
	✓ Cannot manage patients who	✓ Provides appropriate preventive

		2000 1 -1 ' 1'
	require urgent or emergent care ✓ Does not assume responsibility for patient management decisions ✓ Inconsistently manages simple ambulatory complaints or common chronic diseases ✓ Inconsistently provides preventive care in the ambulatory setting ✓ Inconsistently manages patients with straightforward diagnoses ✓ Unable to manage complex inpatients or patients requiring intensive care	management in the ambulator setting ✓ Provides comprehensive care for single or multiple diagnoses in the inpatient setting ✓ Under supervision, provide appropriate care ✓ Initiates management plans for urgent or emergent care ✓ Seeks additional guidance and/or consultation appropriate
PC-5	 ✓ Is unresponsive to questions or concerns of others when acting as a consultant or utilizing consultant Services ✓ Unwilling to utilize consultant services when appropriate for patient care ✓ Inconsistently manages patients as a consultant to other physicians/health care teams ✓ Inconsistently applies risk assessment principles to patients while acting as a consultant ✓ Inconsistently formulates clinical question for a consultant 	Provides consultation services for patients with clinical problems requiring basic risk assessment ✓ Asks meaningful clinical questions that guide the input of consultant ✓ Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ Appropriately weighs
MK-1	✓ Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	care ✓ Possesses the scientific socioeconomic and behavioral
MK 2	✓ Lacks foundational knowledge to apply diagnostic testing and procedures to patient care ✓ Inconsistently interprets basic diagnostic tests accurately	conditions and comprehensive preventive care

	 ✓ Does not understand the concepts of pre-test probability and test performance characteristics ✓ Minimally understands the rationale and risks associated with common procedures ✓ Needs assistance to understand or understands the concepts of pre-test probability and test performance characteristics ✓ Fully understands the rationale and risks associated with common procedures
SBP-1	 ✓ Refuses to recognize the contributions of other interprofessional team members ✓ Frustrates team members with inefficiency and errors ✓ Identifies roles of other team members but does not recognize how/when to utilize them as resources ✓ Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them ineffectively ✓ Participates in team discussions when required but does not actively seek input from other team members ✓ Accepts to recognize the contributions of other interprofessional team members ✓ Understands the roles and responsibilities and effectively partners with, all members of the team ✓ Actively engages in team meetings and collaborative decision-making ✓ Efficiently coordinates activities of other team members to optimize care
PBLI 4	 ✓ Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ Fails to seek or apply evidence when necessary ✓ Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information needs into well-formed clinical questions with assistance ✓ Unfamiliar with strengths and weaknesses of the medical literature ✓ Has limited awareness of or ability to use information ✓ Accepts the findings of clinical ✓ Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into weaknesses of medical information resources but utilizes information technology without/with sophistication ✓ With assistance, appraises clinical research reports, based on accepted criteria ✓ Independently appraises clinical research reports based on accepted criteria

	1 4 12 241 4 241 1	
	research studies without critical	
	appraisal ✓ Inconsistently "slows down" to	
	reconsider an approach to a	
	problem, ask for help, or seel new information	X.
PROF 1		Consistently respectful in
rkor i	✓ Lacks empathy and compassion for patients and caregivers	· •
	✓ Disrespectful in interactions	interactions with patients,
	_	
	with patients, caregivers and members of the inter	<u> </u>
		\mathcal{E}
	professional team Sacrifices patient needs in	as at the state of
	✓ Sacrifices patient needs in favour of own self-interest	1 '
		caregivers and members of the interprofessional team to ensure
	✓ Blatantly disregards respect for patient privacy and autonomy	safe and effective care
	✓ Inconsistently demonstrates	✓ Emphasizes patient privacy and
	empathy, compassion and	autonomy in all interactions
	respect for patients and	autonomy in an interactions
	caregivers	
	✓ Inconsistently demonstrates	
	responsiveness to patients and	
	caregivers needs in an	
	appropriate fashion	
	✓ Inconsistently considers patient	
	privacy and autonomy	
PROF 3	✓ Is insensitive to differences	✓ Is sensitive to and has basic
TROF 3	related to culture, ethnicity,	awareness of differences related
	gender, race, age, and religion in	
	the patient/caregiver encounter	race, age and religion in the
	✓ Is unwilling or requires	patient/caregiver encounter
	assistance modify care plan to	✓ Modifies care plan to account
	account for a patient's unique	for a patient's unique
	characteristics and needs	characteristics and needs with
		success
ICS-1	✓ Ignores patient preferences for	✓ Engages patients in shared
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared decision-making	-
	✓ Routinely engages in	discussions in difficult or
	antagonistic or	ambiguous conversations
	counter-therapeutic	✓ Requires guidance or
	relationships with patients and	assistance to engage in
	caregivers	communication with persons of
	✓ Engages patients in discussions	different socioeconomic and
	of care plans and respects patient	
	preferences when offered by the	✓ Identifies and incorporates
	patient, but does not actively	patient preference in shared
	solicit preferences	decision making across a wide
	✓ Attempts to develop therapeutic	variety of patient care
L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

•	relationships with patients and caregivers but is often unsuccessful Defers difficult or ambiguous conversations to others	✓	conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
✓	strategies that hamper collaboration and teamwork Verbal and/or non-verbal behaviours disrupt effective collaboration with team members Uses unidirectional communication that fails to utilize the wisdom of the team Resists offers of collaborative input	✓	engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care

EPA 20: Interview a patient with dermatologic disorder, clinically examine and formulate differential diagnosis, management plan.

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1)66	crintini	1 At the	activity:

This included a brief rationale and a list of the functions required for the EPA.

This activity requires the ability to:

- Understands & looks for dermatologic manifestations of systemic diseases.
- Identify the manifestations of allergic, bullous disorders, papulosquamous disorders(psoriasis), pigmentary disorders, STDs & skin malignancies
- Does a systematic examination of a patient, create a plan of evaluation, and arrive at differential diagnosis, order relevant investigations and offer specific pharmacological and non-pharmacological treatment plan.
- Gain confidence of patient during the entire process of history taking, clinical examination and treatment.
- Communicate effectively with patient / parents/ legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.
- Identifies clear indications of topical & systemic drugs
- Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses while treating an associated medical condition to order a safe

	prescription.Present his observation to colleagues, including senior clinicians
	Maintain confidentiality of patient details.
Most relevant domains of competence:	• PC, MK, SBP, PBLI, PROF,ICS
Competencies within each	• PC 1.3,2.3,3.3,5.3
domain critical to	• MK 1.3,2.3
entrustment decisions:	• SBP 1.3
	• PBLI 4.3
	• PROF 1.3,3.3
	• ICS 1,2
Methods of assessment	Periodic written exam (Every 6 months)
	Mini-cex
	Workplace assessment by Faculty
	Multi-source feedback
	a. Patient
	b. Nurses
	c. Health care workers
	d. Peers

Competency		Pre- entrustable		Entrustable
PC-1	✓ D	oes not collect/Inconsistently	✓	Consistently acquires accurate
	ab	ole to collect accurate historical		and relevant histories from
	da	ta in organized fashion		patients
	✓ D	oes not use /Does not perform	✓	Seeks and obtains data from
	an	appropriately thorough		secondary sources when needed
	ph	ysical examination to confirm	✓	Consistently performs accurate
	hi	story or misses key physical		and appropriately thorough
	ex	am findings		physical exams
		elies exclusively on	✓	Uses collected data to define a
	do	cumentation of others to		patient's central clinical
	ge	nerate own database or		problem(s)
	di	fferential diagnosis	✓	Effectively uses history and
	✓ Fa	nils to recognize/		physical examination skills to
		Inconsistently recognizes		minimize the need for further
	pa	patient's central clinical		diagnostic testing
		problems potentially life		
	th	threatening problems and		
	de	develops limited differential		
	di	agnoses		
PC 2		are plans are consistently	✓	Consistently develops
		inappropriate or inaccurate		appropriate care plan
		Does not react to situations that		Recognizes situations requiring
		quire urgent or emergent care		urgent or emergent care
		oes not seek additional	✓	Seeks additional guidance and/or
	_	idance when needed		consultation as appropriate
	✓ In	consistently develops an	✓	Appropriately modifies care

		appropriate care plan		plans based on patient's clinical
	✓			-
	•	Inconsistently seeks additional		course, additional data, and
		guidancewhen needed		patient preferences
PC 3	✓	Cannot advance beyond the	✓	Requires indirect/direct
		need for direct supervision in the		supervision to ensure patient
		delivery of patient care		safety and quality care
	✓	Cannot manage patients who	✓	Provides appropriate preventive
		require urgent or emergent care		care and chronic disease
	✓	Does not assume responsibility		management in the ambulatory
		for patient management		setting
		decisions	✓	Provides comprehensive care for
	✓	Inconsistently manages simple		single or multiple diagnoses in
		ambulatory complaints or		the inpatient setting
		common chronic diseases	✓	Under supervision, provides
	✓	Inconsistently provides		appropriate care
		preventive care in the	✓	Initiates management plans for
		ambulatory setting		urgent or emergent care
	✓	Inconsistently manages patients	✓	Seeks additional guidance
		with straightforward diagnoses		and/or consultation as
	✓	Unable to manage complex		appropriate
	*	inpatients or patients requiring	✓	Appropriately manages
		intensive care	*	situations requiring urgent or
		intensive care		emergent care
DC 5	√	Is a supplier to a supplier and a	√	Provides consultation services
PC-5	•	Is unresponsive to questions or	•	
		concerns of others when acting		for patients with clinical
		as a consultant or utilizing		problems requiring basic risk
		consultant Services		assessment
	~	Unwilling to utilize consultant	✓	Asks meaningful clinical
		services when appropriate for		questions that guide the input of
		patient care		consultant
	✓	Inconsistently manages patients	✓	Provides consultation services
		as a consultant to other		for patients with basic and
		physicians/health care teams		complex clinical problems
	✓	Inconsistently applies risk		requiring detailed risk
		assessment principles to patients		assessment
		while acting as a consultant	✓	Appropriately weighs
	✓	Inconsistently formulates		recommendations from
		clinical question for a consultant		consultants in order to
		to address		effectively manage patient care
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
				conditions and basic preventive
	✓	Possesses insufficient scientific,		conditions and basic preventive
	✓	Possesses insufficient scientific, socioeconomic and behavioral		care
	✓	socioeconomic and behavioral	✓	care
	✓	socioeconomic and behavioral knowledge required to provide	✓	care Possesses the scientific,
	✓	socioeconomic and behavioral knowledge required to provide care for common medical	✓	care Possesses the scientific, socioeconomic and behavioral
	✓	socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive	✓	care Possesses the scientific, socioeconomic and behavioral knowledge required to provide
	√	socioeconomic and behavioral knowledge required to provide care for common medical	✓	care Possesses the scientific, socioeconomic and behavioral

		preventive care
MK 2	✓ Lacks foundational knowledge	✓ Has knowledge to apply
	to apply diagnostic testing and	diagnostic testing and procedures
	procedures to patient care	to patient care
	✓ Inconsistently interprets basic	✓ Consistently interprets basic
	diagnostic tests accurately	diagnostic tests accurately
	✓ Does not understand the	✓ Needs assistance to understand
	concepts of pre-test probability	or understands the concepts of
	and test performance	pre-test probability and test
	characteristics	performance characteristics
	✓ Minimally understands	✓ Fully understands the rationale
	therationale and risks associated	and risks associated with
	with common procedures	common procedures
SBP-1	✓ Refuses to recognize the	✓ Accepts to recognize the
	contributions of other inter-	contributions of other inter-
	professional team members	professional team members
	✓ Frustrates team members with	✓ Understands the roles and
	inefficiency and errors	responsibilities and effectively
	✓ Identifies roles of other team	partners with, all members of the
	members but does not recognize	team
	how/when to utilize them as	✓ Actively engages in team
	resources	meetings and collaborative
	✓ Frequently requires reminders	decision-making
	from team to complete physician	✓ Efficiently coordinates activities
	responsibilities (e.g. talk to	of other team members to
	family, enter orders)	optimize care
	✓ Understands the roles and	_
	responsibilities of all team	
	members but uses them	
	ineffectively	
	✓ Participates in team discussions	
	when required but does not	
	actively seek input from other	
	team members	
PBLI 4	✓ Fails to acknowledge uncertainty	✓ Routinely "slows down" to
	and reverts to a reflexive	reconsider an approach to a
	patterned response even when	problem, ask for help or seek
	inaccurate	new information
	✓ Fails to seek or apply evidence	✓ Can translate medical
	when necessary	information needs into well-
	✓ Rarely "slows down" to	formed clinical questions
	reconsider an approach to a	independently
	problem, ask for help, or seek	✓ Aware of the strengths and
	new information	weaknesses of medical
	✓ Can translate medical	information resources but
	information needs into	utilizes information technology
	well-formed clinical questions	without/with sophistication
	with assistance	✓ With assistance, appraises
	✓ Unfamiliar with strengths and	clinical research reports, based

	1 (4 1) 1	
	weaknesses of the medical	on accepted criteria
	literature	✓ Independently appraises clinica
	✓ Has limited awareness of or	research reports based on
	ability to use information	accepted criteria
	technology	_
	✓ Accepts the findings of clinical	
	research studies without critical	
	appraisal	
	reconsider an approach to a	
	problem, ask for help, or seek	
	new information	
PROF 1	✓ Lacks empathy and compassion	✓ Consistently respectful in
	for patients and caregivers	interactions with
	✓ Disrespectful in interactions	patients, caregivers and members
	with patients, caregivers and	of the interprofessional team,
	members of the inter-	even in challenging situations
	professional team	even in chancinging situations
	=	✓ Is available and responsive to
	P	
	favour of own self-interest	needs and concerns of patients,
	✓ Blatantly disregards respect for	caregivers and members of the
	patient privacy and autonomy	interprofessional team to ensure
	✓ Inconsistently demonstrates	safe and effective care
	empathy, compassion and	
	respect for patients and	✓ Emphasizes patient privacy and
	caregivers	autonomy in all interactions
	✓ Inconsistently demonstrates	
	responsiveness to patients and	
	caregivers needs in an	
	appropriate fashion	
	J I I I I I I I I I I I I I I I I I I I	
	privacy and autonomy	
PROF 3	✓ Is insensitive to differences	✓ Is sensitive to and has basic
	related to culture, ethnicity,	awareness of differences related
	gender, race, age, and religion in	to culture, ethnicity, gender,
	the patient/caregiver encounter	race, age and religion in the
	✓ Is unwilling or requires	patient/caregiver encounter
	assistance modify care plan to	✓ Modifies care plan to account
	account for a patient's unique	for a patient's unique
	characteristics and needs	characteristics and needs with
	characteristics and needs	success
ICS-1	✓ Ignores nationt preferences for	
103-1	✓ Ignores patient preferences for	Zingages patients in sharea
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared decision-making	✓ Requires assistance facilitating
	✓ Routinely engages in	discussions in difficult or
	antagonistic or	ambiguous conversations
	counter-therapeutic	✓ Requires guidance or assistance
	relationships with patients and	to engage in communication with
	caregivers	persons of different
		Persons of different

	✓ Engages patients in discussions	socioeconomic and cultural
	of care plans and respects patient	backgrounds
	preferences when offered by the	✓ Identifies and incorporates
	patient, but does not actively	patient preference in shared
	•	
	solicit preferences	decision making across a wide
	✓ Attempts to develop therapeutic	variety of patient care
	relationships with patients and	conversations
	caregivers but is often	✓ Quickly establishes a therapeutic
	unsuccessful	relationship with patients and
	✓ Defers difficult or ambiguous	caregivers, including persons of
	conversations to others	different socioeconomic and
		cultural backgrounds
ICS-2	✓ Utilizes communication strategies	✓ Consistently and actively
	that hamper collaboration and	engages in collaborative
	teamwork	communication with all members
	✓ Verbal and/or non-verbal	of the team
	behaviours disrupt effective	✓ Verbal, non-verbal and written
	collaboration with team members	communication consistently acts
	✓ Uses unidirectional	to facilitate collaboration with
	communication that fails to	the team to enhance patient care
	utilize the wisdom of the team	the team to emilinee patient care
	✓ Resists offers of collaborative	
	input	
	✓ Inconsistently engages in	
	collaborative communication	
	with appropriate members of the	
	team	
	✓ Inconsistently employs verbal,	
	non-verbal, and written	
	communication strategies that	
	facilitate collaborative care	

EPA 21 : Approach a patient with infectious disease, create a diagnostic and therapeutic algorithm and formulate preventive strategy

Description of the activity: This included a brief rationale and a list of the functions required for the EPA.

This activity requires the ability to:

- Identify the common clinical manifestations of acute and chronic infections caused by bacteria's, viruses, fungi and parasites.
- Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start empirical treatment.
- Interprets the laboratory investigations and formulates a specific treatment plan.
- Gain confidence of patient during the entire process of history taking, clinical examination and treatment.
- Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.
- Use antibiotics, antivirals, antifungals and anti-

	parasitic drugs judiciously.		
	• Understand the importance of drug resistance among microorganisms and make necessary drug alteration		
	• •		
	based on sensitivity report.		
	Offers consent for testing HIV and also while dealing with STD's Offers appropriate sourcelling before		
	with STD's. Offers appropriate counselling before		
	and after testing. Maintain confidentiality of patient details.		
	• Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses.		
	Update the knowledge on adult vaccination and		
	implement in general practice		
	• Identify the key areas of research in infectious		
	diseases		
	• Present his observation to colleagues, including senior		
	clinicians		
Most relevant domains of competence:	PC, MK, PBLI, PROF, ICS		
Competencies within each	PC 1.3,2.3,3.3		
domain critical to entrustment	MK 1.3,2.3		
decisions:	PBLI 1.3,2.3,4.3		
	PROF 1.3		
	ICS 1.3,2.3,3.3		
Methods of assessment	Periodic written exam (Every 6 months)		
	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency		Pre entrustable		Entrustable
PC-1	✓	Does not collect/ Inconsistently	✓	Consistently acquires accurate
		able to collect accurate historical		and relevant histories from
		data in organized fashion		patients
	✓	Does not use /Does not perform	✓	Seeks and obtains data from
		an appropriately thorough		secondary sources when needed
		physical examination to confirm	✓	Consistently performs accurate
		history or misses key physical		and appropriately thorough
		exam findings		physical exams
	✓	Relies exclusively on	✓	Uses collected data to define a
		documentation of others to		patient's central clinical
		generate own database or		problem(s)
		differential diagnosis	✓	Effectively uses history and
	✓	Fails to		physical examination skills to
		recognize/Inconsistently		minimize the need for further
		recognizes patient's central		diagnostic testing

PC 2	clinical problems potentially life threatening problems and develops limited differential diagnoses ✓ Care plans are consistently inappropriate or inaccurate ✓ Does not react to situations that require urgent or emergent care ✓ Does not seek additional guidance when needed ✓ Inconsistently develops an appropriate care plan ✓ Inconsistently seeks additional guidancewhen needed	 ✓ Consistently develops appropriate care plan ✓ Recognizes situations requiring urgent or emergent care ✓ Seeks additional guidance and/or consultation as appropriate ✓ Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	 ✓ Cannot advance beyond the need for direct supervision in the delivery of patient care ✓ Cannot manage patients who require urgent or emergent care ✓ Does not assume responsibility for patient management decisions ✓ Inconsistently manages simple ambulatory complaints or common chronic diseases ✓ Inconsistently provides preventive care in the ambulatory setting ✓ Inconsistently manages patients with straightforward diagnoses ✓ Unable to manage complex inpatients or patients requiring intensive care 	 ✓ Requires indirect/directsupervision to ensure patient safety and quality care ✓ Provides appropriate preventive care and chronic disease management in the ambulatory setting ✓ Provides comprehensive care for single or multiple diagnoses in the inpatient setting ✓ Under supervision, provides appropriate care ✓ Initiates management plans for urgent or emergent care ✓ Seeks additional guidance and/or consultation as appropriately manages situations requiring urgent or emergent care
MK-1	✓ Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ Lacks foundational knowledge	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ Possesses the scientific socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care ✓ Has knowledge to apply

	to apply diagnostic	testing and	diagnostic testing and procedures
	procedures to patie	_	to patient care
	✓ Inconsistently into		Consistently interprets basic
	diagnostic tests acc	_	diagnostic tests accurately
	✓ Does not understa	2	Needs assistance to understand
			or understands the concepts of
	concepts of pre-tes	_	_
	and test performan characteristics	ce	pre-test probability and test
		stands the	performance characteristics
	ivalianting under		Fully understands the rationale
	rationale and risks		and risks associated with
DDI I 1	with common proc		common procedures
PBLI 1	✓ Unwilling to self-r	-	Regularly self-reflects upon
	one's practice or p		one's practice or performance
	✓ Not concerned wi		and consistently acts upon those
	opportunities for le		reflections to improve practice
	self-improvement	. 🗸	Recognizes sub-optimal practice
	✓ Unable to self-refl		or performance as an opportunity
	practice or perform		for learning and
	✓ Misses opportuni		self-improvement
	learning and self-In	-	Actively engages in self-
	✓ Inconsistently self	_	improvement efforts and reflects
	one's practice or p		upon the experience
	and inconsistently	acts upon	
	those reflections		
	✓ Inconsistently acts	-	
	opportunities for le	earning and	
	self-improvement		
PBLI 2	✓ Disregards own cl	inical ✓	Analyzes own clinical
	performance data		performance data and identifies
	✓ Demonstrates no		opportunities for
	participate in or ev		improvement&actively work to
	the results of quali	-	improve performance
	improvement effor		Effectively participates in a
	✓ Limited awarenes		quality improvement project
	to analyze own clii	nical 🗸	Understands common principles
	performance data		and techniques of quality
	✓ Nominally partici	_	improvement and appreciates the
	quality improveme		responsibility to assess and
	✓ Not familiar with		improve care for a panel of
	techniques or impo		patients
	quality improveme	nt	
PBLI 4	✓ Fails to acknowled		Routinely "slows down" to
	and reverts to a ref		reconsider an approach to a
	patterned response	even when	problem, ask for help, or seek
1			new information
	inaccurate		
	✓ Fails to seek or app	ply evidence	Can translate medical
	✓ Fails to seek or appear when necessary		Can translate medical information needs into
	✓ Fails to seek or app	vn" to	Can translate medical

	problem, ask for help, or seek	√	Aware of the strengths and
	new information		weaknesses of medical
	✓ Can translate medical		information resources but
	information needs into		utilizes information technology
	well-formed clinical questions		without/with sophistication
	with assistance	✓	With assistance, appraises
	✓ Unfamiliar with strengths and		clinical research reports, based
	weaknesses of the medical		on accepted criteria
	literature	✓	Independently appraises clinical
	✓ Has limited awareness of or		research reports based on
	ability to use information		accepted criteria
	technology		-
	✓ Accepts the findings of clinical		
	research studies without critical		
	appraisal		
	✓ Inconsistently "slows down" to		
	reconsider an approach to a		
	problem, ask for help, or seek		
	new information		
PROF 1	✓ Lacks empathy and compassion	✓	Consistently respectful in
	for patients and caregivers		interactions with patients,
	✓ Disrespectful in interactions		caregivers and members of the
	with patients, caregivers and		inter-professional team, even in
	members of the inter-		challenging situations
	professional team	✓	Is available and responsive to
	✓ Sacrifices patient needs in		needs and concerns of patients,
	favour of own self-interest		caregivers and members of the
	✓ Blatantly disregards respect for		inter-professional team to ensure
	patient privacy and autonomy		safe and effective care
	✓ Inconsistently demonstrates	✓	Emphasizes patient privacy and
	empathy, compassion and respect		autonomy in all interactions
	for patients and caregivers		
	✓ Inconsistently demonstrates		
	responsiveness to patients and		
	caregivers needs in an		
	appropriate fashion		
	✓ Inconsistently considers patient		
TOO 1	privacy and autonomy		
ICS-1	✓ Ignores patient preferences for		Engages patients in shared
	plan of care		decision making in
	✓ Makes no attempt to engage		uncomplicated conversations
	patient in shared decision-making		Requires assistance facilitating
	✓ Routinely engages in		discussions in difficult or
	antagonistic or		ambiguous conversations
	counter-therapeutic		Requires guidance or assistance
	relationships with patients and		to engage in communication with
	caregivers		persons of different
	✓ Engages patients in discussions of		socioeconomic and cultural
	care plans and respects patient		backgrounds Identifies and incorporates
	preferences when offered by the	*	Identifies and incorporates

	patient, but does not actively solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful ✓ Defers difficult or ambiguous conversations to others	✓	patient preference in shared decision making across a wide variety of patient care conversations Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	 ✓ Utilizes communication strategies that hamper collaboration and teamwork ✓ Verbal and/or non-verbal behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care 	✓	Consistently and actively engages in collaborative communication with all members of the team Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
ICS-3	 ✓ Health records are absent or missing significant portions of important clinical data ✓ Health records are disorganized and inaccurate ✓ Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning 	✓ ✓	Health records are organized , accurate , comprehensive, and effectively communicate clinical reasoning Health records are succinct , relevant , and patient specific

EPA 22: Approach a patient with poisoning / envenomation, and environmental disorders, create a diagnostic and therapeutic algorithm and formulate preventive strategy

Description of the activity: This included a brief rationale and a list of the functions required for the EPA.

This activity requires the ability to:

- Identify the common clinical manifestations of poisoning, systemic and local envenomation and environmental disorders.
- Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start specific treatment.

• POISONING:

- Identify the clinical signs specific for various poisoning. The common poisoning encountered in day to day practice include Organophosphorous poisoning, plant poisoning, kerosene poisoning, corrosive poisoning, Methanol poisoning, drug overdoses with benzodiazepines /barbiturates/ paracetamol.
- To do first aid, decide on stomach wash-indications and contraindications, policy of registering MLC, policy of collecting samples for toxicological analysis and analyze the reports.
- Interprets the laboratory investigations and formulates a specific treatment plan.
- Admit monitors & treats the acute poisoning cases in intensive care units.
- Gain confidence of patient during the entire process of history taking, clinical examination and treatment.
- Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.
- Use specific antidotes-identify the specific side effects and monitor the treatment effectively.
- Maintain confidentiality of the patient. Do effective counselling with the patient and their bystanders / caregivers.
- Identify the key role of psychiatric assessment and periodic counselling to prevent such events in future.
- Present his observation to colleagues, including senior clinicians

• ENVENOMATION:

- Identify the common clinical presentation of snake bite, scorpion sting, wasp sting etc.
- Identify the signs of poisonous and non-poisonous bites and determine appropriate plan of action
- Decide on specific and timely investigations to confirm systemic envenomation and treat accordingly
- Decide on anti-venom, its indications and side effects; monitor the effect of anti-venom for therapeutic and adverse effects.
- Effectively counsel the patient and patient attenders.

	 Present his observation to colleagues, including senior clinicians ENVIRONMENTAL MEDICINE: Able to identify common clinical manifestations of high altitude sickness, diseases of climate changes, drowning, pollution, electrical injuries and lightning, and radiation injuries. Do focussed history, clinical examination and draft effective treatment. Gain confidence of patient during the entire process of history taking, clinical examination and treatment. Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. Aware of rehabilitative measures to combat long term complications. Present his observation to colleagues, including senior clinicians
Most relevant domains of competence:	PC, MK, PBLI, PROF, ICS
Competencies within each domain critical to entrustment decisions:	PC 1.3,2.3,3.3 MK 1.3,2.3 PBLI 1.3,2.3,4.3 PROF 1.3 ICS 1.3,2.3,3.3
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre entrustable	Entrustable	
PC-1	✓ Does not collect/ Inconsistently	✓ C	onsistently acquires accurate
	able to collect accurate historical	aı	nd relevant histories from
	data in organized fashion	pa	atients
	✓ Does not use /Does not perform	✓ S	eeks and obtains data from
	an appropriately thorough	se	econdary sources when needed
	physical examination to confirm	✓ C	onsistently performs accurate
	history or misses key physical	aı	nd appropriately thorough
	exam findings	pl	hysical exams
	✓ Relies exclusively on	✓ U	ses collected data to define a
	documentation of others to	pa	atient's central clinical
	generate own database or	pı	roblem(s)
	differential diagnosis	✓ E	ffectively uses history and

PC 2	 ✓ Fails to recognize/Inconsistently recognizes patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses ✓ Care plans are consistently inappropriate or inaccurate ✓ Does not react to situations that require urgent or emergent care ✓ Does not seek additional guidance when needed ✓ Inconsistently develops an appropriate care plan ✓ Inconsistently seeks additional guidancewhen needed 	physical examination skills to minimize the need for further diagnostic testing ✓ Consistently develops appropriate care plan ✓ Recognizes situations requiring urgent or emergent care ✓ Seeks additional guidance and/or consultation as appropriate ✓ Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	 ✓ Cannot advance beyond the need for direct supervision in the delivery of patient care ✓ Cannot manage patients who require urgent or emergent care ✓ Does not assume responsibility for patient management decisions ✓ Inconsistently manages simple ambulatory complaints or common chronic diseases ✓ Inconsistently provides preventive care in the ambulatory setting ✓ Inconsistently manages patients with straightforward diagnoses ✓ Unable to manage complex inpatients or patients requiring intensive care 	 ✓ Provides appropriate preventive care and chronic disease management in the ambulatory setting ✓ Provides comprehensive care for single or multiple diagnoses in the inpatient setting ✓ Under supervision, provides appropriate care ✓ Initiates management plans for urgent or emergent care ✓ Seeks additional guidance
MK-1	 ✓ Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care 	 ✓ Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ Possesses the scientific socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive

		7 1 0 1 1 1 1 1 1
MK 2	~	Lacks foundational knowledge
		to apply diagnostic testing and
		procedures to patient care
	✓	Inconsistently interprets basic
		diagnostic tests accurately
	✓	Does not understand the
		concepts of pre-test probability
		and test performance
		characteristics
	✓	Minimally understands the
		rationale and risks associated
		with common procedures
PBLI 1	✓	Unwilling to self-reflect upon
		one's practice or performance
	✓	Not concerned with
		opportunities for learning and
		self-improvement
	✓	Unable to self-reflect upon one's
		practice or performance
	✓	Misses opportunities for
		learning and self-Improvement
	✓	Inconsistently self-reflects upon
		one's practice or performance
		and inconsistently acts upon
		those reflections
	✓	Inconsistently acts upon
		opportunities for learning and
		self-improvement
PBLI 2	√	Disregards own clinical
		performance data
	✓	Demonstrates no inclination to
		participate in or even consider
		the results of quality
		improvement efforts
	✓	Limited awareness of or desire
		to analyze own clinical
		performance data
	✓	Nominally participates in
		quality improvement projects
	✓	Not familiar with the principles,
	•	techniques or importance
		termiques of importance

		Danaly "clayed days" to		well formed clinical questions
	•	Rarely "slows down" to		well-formed clinical questions
		reconsider an approach to a	./	independently
		problem, ask for help, or seek	✓	Aware of the strengths and
		new information		weaknesses of medical
	✓	Can translate medical		information resources but
		information needs into		utilizes information technology
		well-formed clinical questions		without/with sophistication
		with assistance	✓	With assistance, appraises
	✓	Unfamiliar with strengths and		clinical research reports, based
		weaknesses of the medical		on accepted criteria
		literature	✓	Independently appraises clinical
	✓	Has limited awareness of or		research reports based on
		ability to use information		accepted criteria
		technology		accepted efficial
	✓	Accepts the findings of clinical		
	,	research studies without critical		
		appraisal		
	✓	Inconsistently "slows down" to		
		reconsider an approach to a		
		problem, ask for help, or seek		
		new information		
PROF 1	✓	Lacks empathy and compassion	✓	Consistently respectful in
		for patients and caregivers		interactions with patients,
	✓	Disrespectful in interactions		caregivers and members of the
		with patients, caregivers and		inter-professional team, even in
		members of the inter-		challenging situations
		professional team	✓	Is available and responsive to
	✓	Sacrifices patient needs in		needs and concerns of patients,
		favour of own self-interest		caregivers and members of the
	✓	Blatantly disregards respect for		inter-professional team to ensure
		patient privacy and autonomy		safe and effective care
	✓	Inconsistently demonstrates	✓	Emphasizes patient privacy and
		empathy, compassion and respect		autonomy in all interactions
		for patients and caregivers		
	✓	Inconsistently demonstrates		
	,	responsiveness to patients and		
		caregivers needs in an		
		appropriate fashion		
	✓	Inconsistently considers patient		
	*			
ICS-1	✓	privacy and autonomy	√	Engages nationts in shored
105-1	•	Ignores patient preferences for	•	Engages patients in shared
		plan of care		decision making in
	•	Makes no attempt to engage		uncomplicated conversations
		patient in shared decision-making	✓	Requires assistance facilitating
	✓	Routinely engages in		discussions in difficult or
		antagonistic or		ambiguous conversations
		counter-therapeutic	✓	Requires guidance or assistance
		relationships with patients and		to engage in communication with
1	1	caregivers		persons of different
	_	Engages patients in discussions of		socioeconomic and cultural

	care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful ✓ Defers difficult or ambiguous conversations to others	backgrounds ✓ Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	 ✓ Utilizes communication strategies that hamper collaboration and teamwork ✓ Verbal and/or non-verbal behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care 	 ✓ Consistently and actively engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
ICS-3	 ✓ Health records are absent or missing significant portions of important clinical data ✓ Health records are disorganized and inaccurate ✓ Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning 	 ✓ Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning ✓ Health records are succinct, relevant, and patient specific

EPA 23: Approach an elderly patient, create a diagnostic and therapeutic algorithm and formulate preventive strategy

Description of the activity:

This included a brief rationale and a list of the functions required for the EPA.

This activity requires the ability to:

- To provide a comprehensive and interdisciplinary health care and rehabilitation of the older adult.
- To gain experience in the daily management and continuing care of elderly patients, paying particular attention to their functional status and cognitive ability.
- Demonstrate medical knowledge, comprehension of pathophysiology, development of differential diagnosis, formulation of management plans, and dissemination of plan of care by presentation in various clinical settings and at clinical conferences
- Differentiate and identify the Geriatric physiology, pathological changes with the process of ageing, pharmaco-dynamic and pharmaco-kinetic properties of drugs in older patients.
- Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start empirical treatment.
- Gain confidence of patient during the entire process of history taking, clinical examination and treatment.
- Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.
- To identify and implement various legislative and government policies in dealing with care of older patients.
- To identify common and uncommon presentations of infectious diseases and non-communicable diseases.
- To identify the underlying malignancies, initiate the process of evaluation and formulate a treatment plan.
- Be aware of the principles of Palliative care and End of life care for elderly patients.
- To identify arthritic disorders, endocrine, psychiatric, and sexual disorders specific for elderly
- To identify disorders of special senses like hearing and visual disorders and suggest appropriate treatment and or rehabilitation.
- To identify the principles of rehabilitation in elderly.
- To impart health education and counselling on nutrition.
- Interpret the investigation with special care and formulate treatment plan accordingly.
- Update the knowledge on geriatric vaccination and implement in general practice
- Present his observation to colleagues, including senior clinicians

Most relevant domains of competence:

PC, MK, PBLI, SBP, PROF, ICS

Competencies within each domain critical to entrustment decisions:	 PC 1.3,2.3,3.3,5.3 MK 1.3,2.3 SBP 1.3 PBLI 4.3 PROF1.3,3.3 ICS 1.3,2.3 		
Methods of assessment	Periodic written exam (Every 6 months)		
	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable			Entrustable	
PC-1	√	Does not collect/ Inconsistently	✓	Consistently acquires accurate	
		able to collect accurate historical		and relevant histories from	
		data in organized fashion		patients	
	✓	Does not use /Does not perform	✓	Seeks and obtains data from	
		an appropriately thorough		secondary sources when needed	
		physical examination to confirm	✓	Consistently performs accurate	
		history or misses key physical		and appropriately thorough	
		exam findings		physical exams	
	✓	Relies exclusively on	✓	Uses collected data to define a	
		documentation of others to		patient's central clinical	
		generate own database or		problem(s)	
		differential diagnosis	✓	Effectively uses history and	
	✓			physical examination skills to	
		Inconsistently recognizes		minimize the need for further	
		patient's central clinical		diagnostic testing	
		problems potentially life			
		threatening problems and			
		develops limited differential			
		diagnoses			
PC 2	✓	Care plans are consistently	✓	Consistently develops	
		inappropriate or inaccurate		appropriate care plan	
	✓	Does not react to situations that	✓	Recognizes situations requiring	
		require urgent or emergent care		urgent or emergent care	
	✓	Does not seek additional	✓	Seeks additional guidance and/or	
		guidance when needed		consultation as appropriate	
	✓	Inconsistently develops an	✓	Appropriately modifies care	
		appropriate care plan		plans based on patient's clinical	
	✓	Inconsistently seeks additional		course, additional data, and	
		guidance when needed		patient preferences	
PC 3	✓	Cannot advance beyond the	✓	Requires indirect/direct	
		need for direct supervision in the		supervision to ensure patient	
		delivery of patient care		safety and quality care	
	✓	Cannot manage patients who	✓	Provides appropriate preventive	
		require urgent or emergent care		care and chronic disease	

	T /	75	1	
	✓	Does not assume responsibility		management in the ambulatory
		for patient management decisions		setting
	✓	Inconsistently manages simple	✓	Provides comprehensive care for
		ambulatory complaints or		single or multiple diagnoses in
		common chronic diseases		the inpatient settings
	✓	Inconsistently provides	✓	Under supervision, provides
		preventive care in the ambulatory		appropriate care
		setting	✓	Initiates management plans for
	✓	Inconsistently manages patients		urgent or emergent care
		with straightforward diagnoses	✓	Seeks additional guidance
	✓	Unable to manage complex		and/or consultation as
		inpatients or patients requiring		appropriate
		intensive care	√	Appropriately manages
				situations requiring urgent or
				emergent care
PC-5	√	Is unresponsive to questions or	√	Provides consultation services
10-5		concerns of others when acting		for patients with clinical
		as a consultant or utilizing		problems requiring basic risk
		consultant services		assessment
	√		√	Asks meaningful clinical
	•	Unwilling to utilize consultant	•	١
		services when appropriate for		questions that guide the input of
		patient care		consultant
	√	Inconsistently manages patients	√	Provides consultation services
		as a consultant to other		for patients with basic and
		physicians/health care teams		complex clinical problems
	✓	Inconsistently applies risk		requiring detailed risk
		assessment principles to patients		assessment
		while acting as a consultant	✓	Appropriately weighs
	✓	Inconsistently formulates		recommendations from
		clinical question for a consultant		consultants in order to effectively
		to address		managepatient care
MK-1	✓	Lacks the scientific,	✓	Possesses the scientific,
		socioeconomic or behavioral		socioeconomic and behavioral
		knowledge required to provide		knowledge required to provide
		patient care		care for common medical
	✓	Possesses insufficient scientific,		conditions and basic preventive
		socioeconomic and behavioral		care
		knowledge required to provide	✓	Possesses the
		care for common medical		scientific, socioeconomic and
		conditions and basic preventive		behavioral knowledge required to
		care		provide care for complex
				medical conditions and
				comprehensive preventive care
MK 2	✓	Lacks foundational knowledge	✓	Has knowledge to apply
		to apply diagnostic testing and		diagnostic testing and procedures
		procedures to patient care		to patient care
	1	Inconsistently interprets basic	√	Consistently interprets basic
		diagnostic tests accurately		diagnostic tests accurately
	1	Does not understand the	√	Needs assistance to understand
			•	
		concepts of pre-test probability		or understands the concepts of

	and test performance characteristics ✓ Minimally understands the rationale and risks associated with common procedures	pre-test probability and test performance characteristics ✓ Fully understands the rationale and risks associated with common procedures
SBP-1	 ✓ Refuses to recognize the contributions of other interprofessional team members ✓ Frustrates team members with inefficiency and errors ✓ Identifies roles of other team members but does not recognize how/when to utilize them as resources ✓ Frequently requires reminders from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them ineffectively ✓ Participates in team discussions when required but does not actively seek input from other team members 	 ✓ Accepts to recognize the contributions of other interprofessional team members ✓ Understands the roles and responsibilities and effectively partners with, all members of the team ✓ Actively engages in team meetings and collaborative decision-making ✓ Efficiently coordinates activities of other team members to optimize care
PBLI 4	 ✓ Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ Fails to seek or apply evidence when necessary ✓ Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions with assistance ✓ Unfamiliar with strengths and weaknesses of the medical literature ✓ Has limited awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies without critical appraisall 	 ✓ Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions independently ✓ Aware of the strengths and weaknesses of medical information resources but utilizes information technology without/with sophistication ✓ With assistance, appraises clinical research reports, based on accepted criteria ✓ Independently appraises clinical research reports based on accepted criteria

	√	Inconsistently "slows down" to		
		reconsider an approach to a		
		problem, ask for help, or seek		
		new information		
PROF 1	√	Lacks empathy and compassion	√	Consistently respectful in
		for patients and caregivers		interactions with
	✓	Disrespectful in interactions		patients, caregivers and members
		with patients, caregivers and		of the inter-professional team,
		members of the inter-		even in challenging situations
		professional team		even in chancinging situations
	✓	Sacrifices patient needs in	1	Is available and responsive to
		favour of own self-interest		needs and concerns of patients,
	✓	Blatantly disregards respect for		caregivers and members of the
		patient privacy and autonomy		inter-professional team to ensure
	✓	Inconsistently demonstrates		safe and effective care
	,	empathy, compassion and respect	✓	Emphasizes patient privacy and
		for patients and caregivers	·	autonomy in all interactions
	√	Inconsistently demonstrates		autonomy in an interactions
	,	responsiveness to patients and		
		caregivers needs in an		
		appropriate fashion		
	✓	Inconsistently considers patient		
	,	privacy and autonomy		
PROF 3	√	Is insensitive to differences	√	Is sensitive to and has basic
1 KOF 3	•	related to culture, ethnicity,	•	awareness of differences related
		gender, race, age, and religion in		to culture, ethnicity, gender, race,
		the patient/ caregiver encounter		age and religion in the
	✓	Is unwilling or requires		patient/caregiver encounter
	,	assistance modify care plan to	√	Modifies care plan to account for
		account for a patient's unique		a patient's unique characteristics
		characteristics and needs		and needs with success
ICS-1	√	Ignores patient preferences for	√	Engages patients in shared
		plan of care		decision making in
	✓	Makes no attempt to engage		uncomplicated conversations
		patient in shared decision making	✓	Requires assistance facilitating
	✓	Routinely engages in		discussions in difficult or
		antagonistic or		ambiguous conversations
		counter-therapeutic	✓	Requires guidance or assistance
		relationships with patients and		to engage in communication with
		caregivers		persons of different
	✓	Engages patients in discussions of		socioeconomic and cultural
		care plans and respects patient		backgrounds
		preferences when offered by the	✓	Identifies and incorporates
		patient, but does not actively		patient preference in shared
		solicit preferences		decision making across a wide
	✓	Attempts to develop therapeutic		variety of patient care
		relationships with patients and		conversations
		caregivers but is often	✓	Quickly establishes a therapeutic
		unsuccessful		relationship with patients and
	✓	Defers difficult or ambiguous		caregivers, including persons of
1		- G	1	C , C 1

	conversations to others different socioeconomic and
	cultural backgrounds
ICS-2	 ✓ Utilizes communication strategies that hamper collaboration and teamwork ✓ Verbal and/or non-verbal behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently engages in collaborative with appropriate members of the team ✓ Inconsistently employs verbal, non-verbal, and written
	communication strategies that facilitate collaborative care

EPA 24: Research and Rese	•		
Description of the	This activity requires the ability to:		
activity: This included a	• Undergo mandatory MCI course on Basics on Research		
brief rationale and a list of	Methodology		
the functions required for the EPA.	• Understand the principles of Ethics in Biomedical research and apply the same while conducting Post graduate dissertation.		
	• Understand the existing facilities and interdisciplinary health care system within the institute and draft a high quality research proposal.		
	Discuss with their peers and senior faculty members on the research proposal and consider the suggestions given them.		
	Carry out dissertation by respecting the rights, safety and confidentiality of the study participants.		
	• Reports interesting / rare cases in various clinical platforms and publish in reputed journals.		
	• Update on recent advances happening in the field of the General medicine. Frequently reviews journals and make presentations within the department and scientific forums.		
	• Present his observation to colleagues, including senior clinicians		
Most relevant domains • MK, SBP, PROF, ICS			
of competence:			
Competencies within	• MK 1.3,2.3		
each domain critical to	• SBP1.3,3.3		
entrustment decisions:	• PROF 1.3		
	• ICS 1.3,2.3,3.3		

Methods of assessment	Periodic written exam (Every 6 months)
	Workplace assessment by Faculty
	Multi-source feedback
	a. Patient
	b. Nurses
	c. Health care workers
	d. Peers

Competency	Pre Entrustable	Entrustable
MK-1	✓ Lacks the scientific,	✓ Possesses the scientific,
	socioeconomic or behavioral	socioeconomic and behavioral
	knowledge required to provide	knowledge required to provide
	patient care	care for common medical
	✓ Possesses insufficient scientific,	conditions and basic preventive
	socioeconomic and behavioral	care
	knowledge required to provide	✓ Possesses the scientific,
	care for common medical	socioeconomic and behavioral
	conditions and basic preventive	knowledge required to provide
	care	care for complex medical
	care	conditions and comprehensive
		preventive care
MK 2	✓ Lacks foundational knowledge	✓ Has knowledge to apply
	to apply diagnostic testing and	diagnostic testing and procedures
	procedures to patient care	to patient care
	✓ Inconsistently interprets basic	✓ Consistently interprets basic
	diagnostic tests accurately	diagnostic tests accurately
	✓ Does not understand the	✓ Needs assistance to understand
	concepts of pre-test probability	or understands the concepts of
	and test performance	pre-test probability and test
	characteristics	performance characteristics
	✓ Minimally understands the	✓ Fully understands the rationale
	rationale and risks associated	and risks associated with
	with common procedures	common procedures
SBP-1	✓ Refuses to recognize the	✓ Accepts to recognize the
	contributions of other inter-	contributions of other inter-
	professional team members	professional team members
	✓ Frustrates team members with	✓ Understands the roles and
	inefficiency and errors	responsibilities and effectively
	✓ Identifies roles of other team	partners with, all members of the
	members but does not recognize	team
	how/when to utilize them as	✓ Actively engages in team
	resources	meetings and collaborative
	✓ Frequently requires reminders	decision-making
	from team to complete physician	✓ Efficiently coordinates activities
	responsibilities (e.g. talk to	of other team members to
	family, enter orders)	optimize care
	✓ Understands the roles and	<u> </u>
	responsibilities of all team	
	members but uses them	
	memoris out ases mem	•

	inoffactivaly		
	ineffectively ✓ Participates in team discussions	,	
	when required but does no		
	actively seek input from other		
	team members		
SBP 3	✓ Ignores cost issues in the	. 🗸	Recognizes that external factors
SDI 3	provision of care		influence a patient's utilization
	✓ Demonstrates no effort to		of health care and may act as
	overcome barriers to		barriers to cost-effective care
	cost-effective care	′ ✓	
	✓ Lacks awareness of external	•	Minimizes unnecessary diagnostic and therapeutic tests
		✓	Possesses a complete
	factors (e.g. socio-economic,	•	=
	cultural, literacy, insurance		understanding of cost-awareness
	status) that impact the cost of		principles for a population of
	health care and the role that	✓	patients (e.g. screening tests)
	external stakeholders (e.g.	•	Consistently works to address
	providers, suppliers, financers,		patient specific barriers to cost-effective care
	purchasers) have on the cost of		cost-effective care
	care ✓ Does not consider limited health		
	Does not consider infinited ficulti		
	care resources when ordering		
	diagnostic or therapeutic interventions		
PROF 1		1 🗸	Consistently respectful in
FROF 1	✓ Lacks empathy and compassion for patients and caregivers	\	Consistently respectful in interactions with patients,
	✓ Disrespectful in interactions	,	caregivers and members of the
	with patients, caregivers and		inter-professional team, even in
	members of the inter-		challenging situations
	professional team	√	Is available and responsive to
	✓ Sacrifices patient needs in		needs and concerns of patients,
	favour of own self-interest	•	caregivers and members of the
	✓ Blatantly disregards respect for		inter-professional team to ensure
	patient privacy and autonomy		safe and effective care
	✓ Inconsistently demonstrates	✓	Emphasizes patient privacy and
	empathy, compassion and		autonomy in all interactions
	respect for patients and		autonomy in an interactions
	caregivers		
	✓ Inconsistently demonstrates		
	responsiveness to patients and		
	caregivers needs in an		
	appropriate fashion		
	✓ Inconsistently considers patient		
	privacy and autonomy		
ICS-1	✓ Ignores patient preferences for	√	Engages patients in shared
	plan of care		decision making in
	✓ Makes no attempt to engage		uncomplicated conversations
	patient in shared decision making	✓	Requires assistance facilitating
	✓ Routinely engages in		discussions in difficult or
	antagonistic or		ambiguous conversations
	counter-therapeutic	✓	Requires guidance or assistance
	counter-incrapeutic		requires guidance of assistance

	relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is often unsuccessful ✓ Defers difficult or ambiguous conversations to others	to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	 ✓ Utilizes communication strategies that hamper collaboration and teamwork ✓ Verbal and/or non-verbal behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care 	 ✓ Consistently and actively engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
ICS-3	 ✓ Health records are absent or missing significant portions of important clinical data ✓ Health records are disorganized and inaccurate ✓ Health records are organized and accurate but are superficial and miss key data or fail to communicate clinical reasoning 	 ✓ Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning ✓ Health records are succinct, relevant, and patient specific

EPA 25 : Interpretation of ECO	G		
Description of the activity:	This activity requires the ability to:		
This included a brief	✓ Have knowledge on technique- place the ECG leads &		
rationale and a list of the	take a ECG without any standardization errors		
functions required for the	✓ Have knowledge on normal ECG wave forms, axis		
EPA.	✓ Interpretation of ECG changes in acute settings such as		
	STEMI, Arrhythmia etc, & initiates treatment protocol		
	✓ Interpretation of ECG & its changes in		
	Chamber enlargements		
	Ischemic heart diseases		
	Congenital heart diseases		
	Hereditary heart diseases		
	Arrhythmias- Tachy/Brady		
	Bundle branch block		
Most relevant domains of	PC, MK,		
competence:			
Competencies within each	PC 4.3		
domain critical to	MK 2.3		
entrustment decisions:			
Methods of assessment	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable	Entrustable
PC- 4	 ✓ Does not attempts to perform procedures without sufficient technical skill or Supervision ✓ Unwilling to perform procedures when qualified and necessary for patient care ✓ Possesses insufficient technical skill for safe completion of common procedures 	 ✓ Attempts to perform procedures without sufficient technical skill or supervision ✓ Willing to perform procedures when qualified and necessary for patient care ✓ Possesses basic technical skill
MK 2	 ✓ Lacks foundational knowledge to apply diagnostic testing and procedures to patient care ✓ Inconsistently interprets basic diagnostic tests accurately ✓ Does not understand the concepts of pre-test probability and test performance characteristics 	certification ✓ Has knowledge to apply diagnostic testing and procedures to patient care ✓ Consistently interprets basic diagnostic tests accurately ✓ Needs assistance to understand or understands the concepts of pre-test probability and test performance characteristics

✓ Minimally understands the rationale and risks associated with common procedures	✓ Fully understands the rationale and risks associated with common procedures

EPA	26: Perform Lumbar Puncture
Description of the activity:	This activity requires the ability to:
This included a brief rationale	✓ Have knowledge on technique- how to perform the
and a list of the functions	procedure
required for the EPA.	 ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate aftercare protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments ✓ Post procedure able to interpret the results for
	achieving diagnosis
Most relevant domains of competence:	✓ PC, MK,ICS
Competencies within each	✓ PC 4.3
domain critical to	✓ MK 2.3
entrustment decisions:	✓ ICS 1.3,2.3
Methods of assessment	Workplace assessment by Faculty
	Multi-source feedback
	a. Patient
	b. Nurses
	c. Health care workers
	d. Peers

Competency		Pre- entrustable		Entrustable
PC- 4	✓	Does not attempts to perform	✓	Attempts to perform procedures
		procedures without sufficient		without sufficient technical skill
		technical skill or supervision		or Supervision
	✓	Unwilling to perform	✓	Willing to perform procedures
		procedures when qualified and		when qualified and necessary for
		necessary for patient care		patient care
	✓	Possesses insufficient technical	✓	Possesses basic technical skill
		skill for safe completion of		for the completion of some
		common procedures		common procedures
		-	✓	Possesses technical skill and has
				successfully performed all

		procedures required fo
		certification
MK 2	✓ Lacks foundational knowledge	✓ Has knowledge to apply
1411 2	to apply diagnostic testing and	diagnostic testing and procedure
	procedures to patient care	to patient care
	✓ Inconsistently interprets basic	✓ Consistently interprets basic
	diagnostic tests accurately	diagnostic tests accurately
	✓ Does not understand the	✓ Needs assistance to understand
	concepts of pre-test probability	or understands the concepts of
	and test performance	pre-test probability and test
	characteristics	performance characteristics
	✓ Minimally understands the	✓ Fully understands the rationale
	rationale and risks associated	and risks associated with
	with common procedures	common procedures
ICS-1	✓ Ignores patient preferences for	✓ Engages patients in shared
105-1	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared	✓ Requires assistance facilitating
	decision - making	discussions in difficult
		orambiguous conversations
	✓ Routinely engages in	✓ Requires guidance or assistance
	antagonistic or counter-	to engage in communication with
	therapeutic relationships with	persons of different
	patients and caregivers ✓ Engages patients in discussions	socioeconomic and cultural
	88 F	
	of care plans and respects patient	✓ Identifies and
	preferences when offered by the	incorporatespatientpreferenceinsl
	patient, but does not actively	areddecisionmakingacrossawidev
	solicit preferences ✓ Attempts to develop therapeutic	arietyofpatientcareconversations
	recomposite de versp energies	✓ Quickly establishes a therapeutic
	relationships with patients and	relationship with patients and
	care givers but is of ten	caregivers, including persons of
	unsuccessful	different socioeconomic and
	✓ Defers difficult or ambiguous	cultural backgrounds
TCC 2	conversations to others ✓ Utilizes communication	
ICS-2	C tilizes communication	completently and actively
	strategies that hamper collaboration and teamwork	engages in collaborative communication with all members
		of the team
	verbur und/or non verbur	
	behaviours disrupt effective collaboration with team members	versus, non versus una visita
	✓ Uses unidirectional	s communication consistently acts to facilitate collaboration with the
	communication that fails to utilize the wisdom of the team	team to enhance patient care
	✓ Resists offers of collaborative	
	_	
	input Inconsistantly angages in	
	✓ Inconsistently engages in	
	collaborative communication	
	with appropriate members of the	
	team	
	✓ Inconsistently employs verbal,	

non-verbal, and written	
communication strategies that	
facilitate collaborative care	

EPA 27: Perform Bone marrow aspiration/biopsy			
Description of the activity:	This activity requires the ability to:		
This included a brief rationale	✓ Have knowledge on technique- how to perform the		
and a list of the functions	procedure		
required for the EPA.	✓ Have knowledge on indications & contraindications of the procedure		
	✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure		
	✓ Set up the equipment, maintaining a sterile field		
	✓ Perform procedures		
	✓ Provide after care for patients, and communicate after-		
	care protocols and instructions to patients and medical and nursing staff		
	✓ Perform this activity in multiple settings, including		
	inpatient and ambulatory care settings and in		
	emergency departments		
	✓ Post procedure able to interpret the results for		
	achieving diagnosis		
Most relevant domains of	✓ PC, MK,ICS		
competence:			
Competencies within each	✓ PC 4.3		
domain critical to	✓ MK 2.3		
entrustment decisions:	✓ ICS 1.3,2.3		
Methods of assessment	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable					Entrustable	
PC- 4	✓	Does not at	tempts	to perf	form	✓	Attempts to perform procedures
		procedures	without	suffici	ent		without sufficient technical skill or
		technical sk	ill or su	pervisi	ion		Supervision
	✓	Unwilling t	o perfo	rm		✓	Willing to perform procedures
		procedures	when q	ualified	l and		when qualified and necessary for
		necessary fo	or patie	nt care			patient care
	✓	Possesses	in	suffi	cient	✓	Possesses basic technical skill for
		technical		for	safe		the completion of some common
		completion	of	con	nmon		procedures
		procedures				✓	Possesses technical skill and has
		-					successfully performed all
							procedures required for
							certification

MK 2	✓ Lacks foundation	nal knowledge 🗸	Has knowledge to apply
NIK 2		_	Has knowledge to apply
	to apply diagnos	_	diagnostic testing and procedures
	procedures to pa		to patient care
	✓ Inconsistently i		Consistently interprets basic
	diagnostic tests a	-	diagnostic tests accurately
	✓ Does not under		Needs assistance to understand
	concepts of pre-	test probability	or understands the concepts of
	and test perform	ance	pre-test probability and test
	characteristics		performance characteristics
	✓ Minimally under	erstands the	Fully understands the rationale
	rationale and rish		and risks associated with common
	with common pr		procedures
ICS-1	✓ Ignores patient p		Engages patients in shared decision
	plan of care		making in uncomplicated
	✓ Makes no attem	nt to engage	conversations
	patient in shared		Requires assistance facilitating
	making	decision	discussions in difficult
	✓ Routinely engage	ac in	orambiguous conversations
	antagonistic or o		Requires guidance or assistance
	therapeutic relat		to engage in communication with
	_	-	5 5
	patients and care		persons of different socioeconomic
	✓ Engages patients		and cultural backgrounds
	of care plans and	_	Identifies and incorporates patient
	patient preference		preferenceinshareddecisionmakinga
	offered by the pa		crossawidevarietyofpatientcareconv
	not actively solid	-	ersations
	✓ Attempts to deve		Quickly establishes a therapeutic
	relationships with		relationship with patients and
	care givers but is	often	caregivers, including persons of
	unsuccessful		different socioeconomic and
	✓ Defers difficult of	or ambiguous	cultural backgrounds
	conversations to	others	
ICS-2	✓ Utilizes commun	ication <	Consistently and actively engages
	strategies that ha	ımper	in collaborative communication
	collaboration and	l teamwork	with all members of the team
	✓ Verbal and/or no	n-verbal ✓	Verbal, non-verbal and written
	behaviours disru	pt effective	communication consistently acts
	collaboration wit	h team	to facilitate collaboration with the
	members		team to enhance patient care
	✓ Uses unidirection	nal	•
	communication t	hat fails to	
	utilize the wisdo	m of the team	
	✓ Resists offers of	collaborative	
	input		
	✓ Inconsistently en	ngages in	
	collaborative con		
	with appropriate		
	the team		
	✓ Inconsistently en	mplovs verbal	
	non-verbal, and v		
	non-verbar, and v	V1111C11	

communication strategies that	
facilitate collaborative care	

EPA 28: P	erform Ascitic/Pleural Paracentesis		
Description of the activity:	This activity requires the ability to:		
This included a brief rationale	✓ Have knowledge on technique- how to perform the		
and a list of the functions	procedure		
required for the EPA.	 ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in 		
	 emergency departments ✓ Post procedure able to interpret the results for achieving diagnosis 		
Most relevant domains of	✓ PC, MK,ICS		
competence:	, ic, mix,ics		
Competencies within each	✓ PC 4.3		
domain critical to entrustment	✓ MK 2.3		
decisions:	✓ ICS 1.3,2.3		
Methods of assessment	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency		Pre- entrustable		Entrustable
PC- 4	✓	Does not attempts to perform	✓	Attempts to perform procedures
		procedures without sufficient		without sufficient technical skill
		technical skill or supervision		or Supervision
	✓	Unwilling to perform procedures when qualified necessary for patient care	✓	Willing to perform procedures when qualified and necessary for patient care
	✓	Possesses in sufficient technical skill for safe completion of common procedures	✓	Possesses basic technical skill for the completion of some common procedures
		r	√	Possesses technical skill and has successfully performed all procedures required for certification
MK 2	✓	Lacks foundational knowledge	✓	Has knowledge to apply

	1 1 1 1 1 1	1 1 1
	to apply diagnostic testing and	diagnostic testing and procedures
	procedures to patient care	to patient care
	✓ Inconsistently interprets basic	✓ Consistently interprets basic
	diagnostic tests accurately	diagnostic tests accurately
	✓ Does not understand the	✓ Needs assistance to understand
	concepts of pre-test probability	or understands the concepts of
	and test performance	pre-test probability and test
	characteristics	performance characteristics
	✓ Minimally understands the	✓ Fully understands the rationale
	rationale and risks associated	and risks associated with
	with common procedures	common procedures
ICS-1	✓ Ignores patient preferences for	✓ Engages patients in shared
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared	✓ Requires assistance facilitating
	decision - making	discussions in difficult
	✓ Routinely engages in	orambiguous conversations
	antagonistic or counter-	✓ Requires guidance or assistance
	therapeutic relationships with	to engage in communication with
	patients and caregivers	persons of different
	✓ Engages patients in discussions	socioeconomic and cultural
	of care plans and respects patient	
	preferences when offered by the	✓ Identifies and incorporates
	patient, but does not actively	patient preference in shared
	solicit preferences	decision making across a wide
	✓ Attempts to develop therapeutic	variety of patient care
	relationships with patients and	conversations
	care givers but is often	✓ Quickly establishes a therapeutic
	unsuccessful	relationship with patients and
	✓ Defers difficult or ambiguous	caregivers, including persons of
	conversations to others	different socioeconomic and
		cultural backgrounds
ICS-2	✓ Utilizes communication	✓ Consistently and actively
	strategies that hamper	engages in collaborative
	collaboration and teamwork	communication with all members
	✓ Verbal and/or non-verbal	of the team
	behaviours disrupt effective	✓ Verbal, non-verbal and written
	collaboration with team members	•
	✓ Uses unidirectional	to facilitate collaboration with the
	communication that fails to	team to enhance patient care
	utilize the wisdom of the team	
	✓ Resists offers of collaborative	
	input	
	✓ Inconsistently engages in	
	collaborative communication	
	with appropriate members of the	
	team	
	✓ Inconsistently employs verbal,	
	non-verbal, and written	
	communication strategies that	

EPA 29 : Secure Ora	al/ Nasopharyngeal/ laryngeal/ Advanced airway
Description of the activity:	This activity requires the ability to:
This included a brief rationale	✓ Have knowledge on technique- how to perform the
and a list of the functions	procedure
required for the EPA.	✓ Have knowledge on indications & contraindications of the procedure
	✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure
	✓ Set up the equipment, maintaining a sterile field
	✓ Perform procedures
	✓ Provide after care for patients, and communicate after- care protocols and instructions to patients and medical and nursing staff
	✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments
Most relevant domains of	✓ PC, MK,ICS
competence:	
Competencies within each	✓ PC 4.3
domain critical to	✓ MK 2.3
entrustment decisions:	✓ ICS 1.3,2.3
Methods of assessment	Workplace assessment by Faculty
	Multi-source feedback
	a. Patient
	b. Nurses
	c. Health care workers
	d. Peers

Competency		Pre- entrustable		Entrustable
PC- 4	√	Does not attempts to perform	✓	Attempts to perform procedures
		procedures without sufficient technical skill or supervision		without sufficient technical skill or Supervision
	✓	Unwilling to perform	✓	Willing to perform procedures
		procedures when qualified		when qualified and necessary for
	,	necessary for patient care		patient care
	✓	Possesses insufficient technical	✓	Possesses basic technical skill
		skill for safe completion of		for the completion of some
		common procedures		common procedures
			✓	Possesses technical skill and has
				successfully performed all
				procedures required for
				certification
MK 2	✓	Lacks foundational knowledge	✓	Has knowledge to apply
		to apply diagnostic testing and		diagnostic testing and procedures
		procedures to patient care		to patient care
	✓	Inconsistently interprets basic	✓	Consistently interprets basic

and test performance pre-test probabile characteristics performance che ✓ Minimally understands the rationale and risks associated with common procedures common procedures ICS-1 ✓ Ignores patient preferences for ✓ Engages patient	aracteristics nds the rationale ated with
plan of care decision making	
✓ Makes no attempt to engage patient in shared decision - making discussions in discussions in discussions in discussions.	conversations ance facilitating
✓ Routinely engages in orambiguous contant antagonistic or counter- orambiguous contant value o	nversations nce or assistance nmunication with
✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively socioeconomic a backgrounds ✓ Identifies and in patient preferences	and cultural acorporates ce in shared
solicit preferences ✓ Attempts to develop therapeutic relationships with patients and care givers but is often unsuccessful decision making variety of patien conversations ✓ Quickly establism relationship with	t care shes a therapeutic
✓ Defers difficult or ambiguous caregivers, incluced conversations to others different socioed cultural backgro	iding persons of conomic and
ICS-2	•
✓ Verbal and/or non-verbal of the team behaviours disrupt effective ✓ Verbal, non-verbal collaboration with team members communication	bal and written consistently acts
	aboration with the
✓ Resists offers of collaborative input	
✓ Inconsistently engages in collaborative communication with appropriate members of the team	
✓ Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	

EPA 30: Secure cent	tral Intravenous access(IJV)/Dialysis catheter		
Description of the activity:	This activity requires the ability to:		
This included a brief rationale	✓ Have knowledge on technique- how to perform the		
and a list of the functions	procedure		
required for the EPA.	✓ Have knowledge on indications & contraindications of the procedure		
	✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure		
	✓ Set up the equipment, maintaining a sterile field		
	✓ Perform procedures		
	✓ Provide after care for patients, and communicate after- care protocols and instructions to patients and medical and nursing staff		
	✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments		
Most relevant domains of	✓ PC, MK,ICS		
competence:			
Competencies within each	✓ PC 4.3		
domain critical to	✓ MK 2.3		
entrustment decisions:	✓ ICS 1.3,2.3		
Methods of assessment	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable	Entrustable	
PC- 4	 ✓ Does not attempts to perform procedures without sufficient technical skill or supervision ✓ Unwilling to perform procedures when qualified necessary for patient care ✓ Possesses insufficient technical skill for safe completion of common procedures 	 ✓ Attempts to perform procedures without sufficient technical skill or Supervision ✓ Willing to perform procedures when qualified and necessary for patient care ✓ Possesses basic technical skill for the completion of some common procedures ✓ Possesses technical skill and has successfully performed all procedures required for certification 	
MK 2	 ✓ Lacks foundational knowledge to apply diagnostic testing and procedures to patient care ✓ Inconsistently interprets basic diagnostic tests accurately ✓ Does not understand the concepts of pre-test probability 	 ✓ Has knowledge to apply diagnostic testing and procedures to patient care ✓ Consistently interprets basic diagnostic tests accurately ✓ Needs assistance to understand or understands the concepts of 	

	and test performance	pre-test probability and test
1	characteristics	performance characteristics
	✓ Minimally understands the	✓ Fully understands the rationale
	·	and risks associated with
	rationale and risks associated	
ICS-1	with common procedures ✓ Ignores patient preferences for	common procedures ✓ Engages patients in shared
105-1	281101 es patrent preferences for	
	plan of care	decision making in
	✓ Makes no attempt to engage	uncomplicated conversations
	patient in shared	✓ Requires assistance facilitating
	decision - making	discussions in difficult
	✓ Routinely engages in	orambiguous conversations
	antagonistic or counter-	✓ Requires guidance or assistance
	therapeutic relationships with	to engage in communication with
	patients and caregivers	persons of different
	✓ Engages patients in discussions	socioeconomic and cultural
	of care plans and respects patient	backgrounds
	preferences when offered by the	✓ Identifies and
	patient, but does not actively	incorporatespatientpreferenceinsh
	solicit preferences	areddecisionmakingacrossawidev
	✓ Attempts to develop therapeutic	arietyofpatientcareconversations
	relationships with patients and	✓ Quickly establishes atherapeutic
	caregivers but is often	relationship with patients and
	unsuccessful	caregivers, including persons of
	✓ Defers difficult or ambiguous	different socioeconomic and
	conversations to others	cultural backgrounds
ICS-2	✓ Utilizes communication	✓ Consistently and actively
	strategies that hamper	engages in collaborative
	collaboration and teamwork	communication with all members
	✓ Verbal and/or non-verbal	of the team
	behaviours disrupt effective	✓ Verbal, non-verbal and written
	collaboration with team members	communication consistently acts
	✓ Uses unidirectional	to facilitate collaboration with the
	communication that fails to	team to enhance patient care
	utilize the wisdom of the team	_
	✓ Resists offers of collaborative	
	input	
	✓ Inconsistently engages in	
	collaborative communication	
	with appropriate members of the	
	team	
	✓ Inconsistently employs verbal,	
	· - ·	
	non-verbal, and written	
	non-verbal, and written communication strategies that	
	behaviours disrupt effective collaboration with team members ✓ Uses unidirectional communication that fails to utilize the wisdom of the team ✓ Resists offers of collaborative input ✓ Inconsistently engages in collaborative communication with appropriate members of the team ✓ Inconsistently employs verbal,	✓ Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the

EPA 31: Secure Nasopharynge	al Tube/Ryle's Tube		
Description of the activity:	This activity requires the ability to:		
This included a brief	✓ Have knowledge on technique- how to perform the		
rationale and a list of the	procedure		
functions required for the	✓ Have knowledge on indications & contraindications of		
EPA.	the procedure		
	✓ Communicate effectively with the patient, patient's		
	relatives & obtain informed consent prior to procedure		
	✓ Set up the equipment, maintaining a sterile field		
	✓ Perform procedures		
	✓ Provide after care for patients, and communicate after-		
	care protocols and instructions to patients and medical		
	and nursing staff		
	✓ Perform this activity in multiple settings, including		
	inpatient and ambulatory care settings and in emergency		
	departments		
Most relevant domains of	✓ PC, MK,ICS		
competence:			
Competencies within each	✓ PC 4.3		
domain critical to	✓ MK 2.3		
entrustment decisions:	✓ ICS 1.3,2.3		
Methods of assessment	Workplace assessment by Faculty		
	Multi-source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		

Competency	Pre- entrustable	Entrustable
PC- 4	 ✓ Does not attempts to perform procedures without sufficient technical skill or supervision ✓ Unwilling to perform procedures when qualified and necessary for patient care ✓ Possesses insufficient technical skill for safe completion of common procedures 	 ✓ Attempts to perform procedures without sufficient technical skill or Supervision ✓ Willing to perform procedures when qualified and necessary for patient care ✓ Possesses basic technical skill for the completion of some common procedures ✓ Possesses technical skill and has successfully performed all procedures required for certification
MK 2	 ✓ Lacks foundational knowledge to apply diagnostic testing and procedures to patient care ✓ Inconsistently interprets basic diagnostic tests accurately ✓ Does not understand the concepts of pre-test probability 	 ✓ Has knowledge to apply diagnostic testing and procedures to patient care ✓ Consistently interprets basic diagnostic tests accurately ✓ Needs assistance to understand or understands the concepts of

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EPA 32: Perform Cardiopula	nonary Resuscitation by BLS & ACLS protocol		
Description of the	This activity requires the ability to:		
activity: This included a	✓ In emergency assessment of patient & start CPR as per		
brief rationale and a list of	BLS protocol		
the functions required for	✓ Communicate effectively with the patient, patient's		
the EPA.	relatives & obtain informed consent		
	✓ Have knowledge on drugs used on resuscitation, their uses, indications, contraindications, ADR.		
	✓ Handle defibrillator & Use it when indicated		
	✓ Able to assess the cause for cardiac arrest & treats it accordingly. Gives post resuscitative care as per ACLS protocol		
	✓ Take the role of team leader in resuscitation & able to		
	avoid errors happening & sets a safe environment for		
	better outcome from resuscitation		
Most relevant domains of	✓ PC, MK,ICS, SBP, PROF		
competence:	/ DC 4.2		
Competencies within each	✓ PC 4.3		
domain critical to	✓ MK 2.3		
entrustment decisions:	✓ ICS 1.3,2.3 ✓ SBP 2.3		
	✓ SBF 2.5 ✓ PROF 1.3		
Methods of assessment	Workplace assessment by Faculty		
Wethous of assessment	Multi source feedback		
	a. Patient		
	b. Nurses		
	c. Health care workers		
	d. Peers		
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Competency	Pre- entrustable	Entrustable		
PC- 4	✓ Does not attempts to perform	✓ Attempts to perform procedures		
	procedures without sufficient	without sufficient technical skill or		
	technical skill or supervision	Supervision		
	✓ Unwilling to perform	✓ Willing to perform procedures		
	procedures when qualified and necessary for patient care	when qualified and necessary for patient care		
	✓ Possesses insufficient	✓ Possesses basic technical skill for		
	technical skill for safe	the completion of some common		
	completion of common	procedures		
	procedures	✓ Possesses technical skill and has		
		successfully performed all		
		procedures required for		
		certification		
MK 2	✓ Lacks foundational	✓ Has knowledge to apply		
	knowledge to apply	diagnostic testing and procedures		
	diagnostic testing and	to patient care		
	procedures to patient care	✓ Consistently interprets basic		
	✓ Inconsistently interprets	diagnostic tests accurately		
	basic diagnostic tests	✓ Needs assistance to understand		

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	accurately	or understands the concepts of
	✓ Does not understand the	pre-test probability and test
	concepts of pre-test	performance characteristics
	probability and test	✓ Fully understands the rationale
	performance characteristics	and risks associated with common
	✓ Minimally understands	procedures
	therationale and risks	
	associated with common	
	procedures	
ICS-1	✓ Ignores patient preferences	✓ Engages patients in shared
	for plan of care	decision making in uncomplicated
	✓ Makes no attempt to engage	conversations
	patient in shared	✓ Requires assistance facilitating
	decision-making	discussions in difficult or
	✓ Routinely engages in	ambiguous conversations
	antagonistic or	✓ Requires guidance or assistance
	counter-therapeutic	to engage in communication with
	relationships with patients and	
	caregivers	and cultural backgrounds
	_	✓ Identifies and incorporates patient
	Engages patients in	
	discussions of care plans and	preference in shared decision
	respects patient preferences	making across a wide variety of
	when offered by the patient,	patient care conversations
	but does not actively solicit	✓ Quickly establishes a therapeutic
	preferences	relationship with patients and
	✓ Attempts to develop	caregivers, including persons of
	therapeutic relationships with	different socioeconomic and
	patients and caregivers but is	cultural backgrounds
	often unsuccessful	
	✓ Defers difficult or ambiguous	
	conversations to others	
ICS-2	✓ Utilizes communication	✓ Consistently and actively engages
	strategies that hamper	in collaborative communication
	collaboration and teamwork	with all members of the team
	✓ Verbal and/or non-verbal	✓ Verbal, non-verbal and written
	behaviours disrupt effective	communication consistently acts
	collaboration with team	to facilitate collaboration with the
	members	team to enhance patient care
	✓ Uses unidirectional	
	communication that fails to	
	utilize the wisdom of the team	
	✓ Resists offers of collaborative	
	input	
	✓ Inconsistently engages in	
	collaborative communication	
	with appropriate members of	
	the team	
	✓ Inconsistently employs	
	verbal, non-verbal, and written	
	communication strategies that	

	facilitate collaborative care		
PROF 1	✓ Lacks empathy and	✓	Consistently respectful in
	compassion for patients and		interactions with patients,
	caregivers		caregivers and members of the
	✓ Disrespectful in interactions		interprofessional team, even in
	with patients, caregivers and		challenging situations
	members of the inter-	✓	Is available and responsive to
	professional team		needs and concerns of patients,
	✓ Sacrifices patient needs in		caregivers and members of the
	favour of own self-interest		inter-professional team to ensure
	✓ Blatantly disregards respect		safe and effective care
	for patient privacy and	✓	Emphasizes patient privacy and
	autonomy		autonomy in all interactions
	✓ Inconsistently demonstrates		
	empathy, compassion and		
	respect for patients and		
	caregivers		
	✓ Inconsistently demonstrates		
	responsiveness to patients and		
	caregivers needs in an		
	appropriate fashion ✓ Inconsistently considers		
	incompisioning complains		
SBP 2	patient privacy and autonomy Ignores a risk for error within	√	Recognizes the potential for error
SDI 2	the system that may impact	*	within the system
	the care of a patient	✓	Identifies obvious or critical
	✓ Ignores feedback and is	*	causes of error and notifies
	unwilling to change behavior		supervisor accordingly
	in order to reduce the risk for	✓	Recognizes the potential risk for
	error		error in the immediate system and
	✓ Does not recognize the		takes necessary steps to mitigate
	potential for system error		that risk
	✓ Makes decisions that could	✓	Willing to receive feedback about
	lead to error which are		decisions that may lead to error or
	otherwise corrected by the		otherwise cause harm
	system or supervision		
	✓ Resistant to feedback about		
	decisions that may lead to		
	error or otherwise cause harm		

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

Sl No	EPAs	PO	Competencies
1	Gathering a history and performing physical	1	PC 1.3,5.3 MK 1.3
	examination		PBLI 1.3,2.3,3.3,4.3
			PROF 3.3, ICS 3.3
2	Prioritizing a differential diagnosis following a	1,2	PC 1.3 MK 1.3 PBLI
	clinical encounter		1.3,2.3,3.3,4.3 PROF
			3.3
3	Recommending and interpreting common screening	1,3,4,5	PC 1.3,4.3 MK 2.3,
	and diagnostic tests and data		SBP 1.3, PBLI 3.3,
		1.0	ICS 1.3,2.3
4	Entering and discussing orders and prescriptions and	10,	PC 2.3 , ICS 1.3
	giving the necessary instructions to the patients	7	PROF 1.3
5	Documenting a clinical encounter in patient records	7	PC 1.3, ICS 3.3
6	Provide an oral presentation of a clinical encounter	5, 10	PC 5.3, MK 1.3,
			SBP 1.3, PROF 1.3, ICS 2.3
7	Recognize a patient requiring urgent or emergency	5, 6	PC 1.3,2.3,3.3,5.3
	care and initiate evaluation and management		MK 1.3 PBLI 4.3,
		1.0	PROF 3.3, ICS 1.3
8	Give or receive a patient handover to transfer care	1,3	SBP 1.3,4.3 ICS 2.3
0	responsibility	1	DC 4.2 MV2.2
9	Obtain informed consent for tests and/or procedures	1	PC 4.3, MK2.3,
			SBP3.3, PBLI3.3, ICS 1.3
10	Collaborate as a member of an inter-professional team	10,	SBP 1.3, PROF 2.3,
10	Conadorate as a member of an inter-professional team	10,	ICS 2.3
11	Form clinical questions and retrieve evidence to	10,	PC 1.3, MK 1.3, ICS
	advance patient care	•	1.3, PROF 1.3
12	Applied aspects of cardiovascular system	4,5, 10,	PC 1.3, MK 1.3 PBLI
		11	2.3,3.3, PROF 1.3
13	Applied aspects of Respiratory system	4, 5,10,	PC 1.3, MK 1.3 PBLI
		11	2.3,3.3, PROF 1.3
14	Applied aspects of Central Nervous system	4,5, 10,	PC 1.3, MK 1.3 PBLI
		11	2.3,3.3, PROF 1.3
15	Applied aspects of Gastrointestinal and hepatobiliary	4, 5,	PC 1.3, MK 1.3 PBLI
1.5	system	10, 11	2.3,3.3, PROF 1.3
16	Applied aspects of Endocrine and Reproductive	4, 5,	PC 1.3, MK 1.3 PBLI
17	System	10, 11	2.3,3.3, PROF 1.3
17	Applied aspects of Nephrology	4, 5,	PC 1.3, MK 1.3 PBLI
10	Interview a shild alinically avening formulate	10, 11	2.3,3.3, PROF 1.3
18	Interview a child, clinically examine, formulate differential diagnosis, management plan and	4, 5,	PC 1.3,2.3,3.3,5.3,
	differential diagnosis, management plan and effectively communicate with their parents / guardian	10, 11	MK 1.3,2.3, SBP 1.3, PBLI 4.3, PROF
	checuvery communicate with their parents / guardian		1.3,3.3, ICS 1.3,2.3
19	Interview a patient with psychiatric disorder, clinically	4, 5,	PC 1.3,2.3,3.3,5.3,
	examine, formulate differential diagnosis,	10, 11	MK 1.3,2.3, SBP 1.3,
	management plan and effectively communicate with	10, 11	PBLI 4.3, PROF
	the patient / guardian		1.3,3.3, ICS 1.3,2.3
	L. L. Community		,, 100 1.0,2.0

20	Interview a patient with dermatologic disorder,	4, 5,	PC 1.3,2.3,3.3,5.3,
	clinically examine, formulate differential diagnosis	10, 11	MK 1.3,2.3, SBP 1.3,
	and create management plan		PBLI 4.3, PROF
			1.3,3.3, ICS 1.3,2.3
21	Approach a patient with infectious disease, create a	4,5, 10,	PC 1.3,2.3,3.3,
	diagnostic and therapeutic algorithm and formulate	11	MK 1.3,2.3
	preventive strategy		PBLI 1.3,2.3,4.3
			PROF 1.3, ICS
			1.3,2.3,3.3
22	Approach a patient with poisoning / envenomation,	4, 5,	PC 1.3,2.3,3.3,
	and environmental disorders, create a diagnostic and	10,11,	MK 1.3,2.3
	therapeutic algorithm and formulate preventive	12	PBLI 1.3,2.3,4.3
	strategy		PROF 1.3,
			ICS 1.3,2.3,3.3
23	Approach an elderly patient, create a diagnostic and	4, 5,	PC 1.3,2.3,3.3,5.3,
	therapeutic algorithm and formulate preventive	10, 11	MK 1.3,2.3
	strategy		SBP 1.3, PBLI 4.3
			PROF1.3,3.3,
			ICS 1.3,2.3
24	Research and Research Methodology	9, 11,	MK 1.3,2.3,
		13	SBP1.3,3.3
			PROF 1.3,
			ICS 1.3,2.3,3.3
25	Interpretation of ECG	11	PC 4.3, MK2.3
26	Perform Lumbar Puncture	10	PC 4.3, MK 2.3,
			ICS 1.3,2.3
27	Perform Bone marrow aspiration/biopsy	10	PC 4.3, MK 2.3, ICS
			1.3,2.3
28	Perform Ascitic/Pleural Paracentesis	10	PC 4.3, MK 2.3, ICS
			1.3,2.3
29	Secure Oral/Nasopharyngeal/laryngeal/Advanced	10	PC 4.3, MK 2.3, ICS
	airway		1.3,2.3
30	Secure central Intravenous access(IJV)/Dialysis	10	PC 4.3, MK 2.3, ICS
	catheter		1.3,2.3
31	Secure Nasopharyngeal Tube/ Ryles Tube	10	PC 4.3, MK 2.3, ICS
	•		1.3,2.3
32	Perform Cardiopulmonary Resuscitation by BLS &	6, 10	PC 4.3, MK 2.3, ICS
	ACLS protocol		1.3,2.3
			SBP 2.3, PROF 1.3

- 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 form (Annexure-2).

Summative Assessment:

Eligibility for appearing in the final university exam

- Attendance: 75 % in each year
- One poster presentation in International/National/ State level conference.
- One oral presentation International/National/ State level conference.
- Submission of one scientific paper for publication to an indexed journal

Postgraduate Examination shall be in three parts:

1. Dissertation:

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognized 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. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

2. Theory:

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. The examination for M.D./ MS shall be held at the end of 3rdacademic year. An academic term shall mean six month's training period.

There will be four theory papers, as below:

- Paper I: Applied Basic Sciences
- Paper II: General Medicine including Pediatrics, Dermatology &Psychiatry
- Paper III: Tropical Medicine, Environmental Medicine and Nutritional disorders
- Paper IV: Geriatrics & 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 / Practical and Oral/viva voce Examination:

The final clinical examination should include:

- Cases pertaining to major systems
- Stations for clinical, procedural and communication skills
- Oral/viva voce examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject

Clinical total marks (200 marks)

- Long Case: 1 case (80 marks)- CNS
- Short Case: 3 cases (40 marks/each case)- CVS, RS, Abdomen

Viva-voce: (100)

- ECG- 25 marks
- Imaging- 25 marks
- General Medicine 25 marks
- Recent Advances -25 marks

Pass criteria: MD examination shall be held at the end of 3rd academic year. There will be four evaluations 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

Applied Basic Sciences

Subject	Distribution of questions	Marks allotted	Percentage (%)
Anatomy	2	20	20
Physiology	2	20	20
Biochemistry	1	10	10
Pharmacology	2	20	20
Pathology	2	20	20
Microbiology	1	10	10
Total	10	100	100

General Medicine including Pediatrics, Dermatology &Psychiatry

Subject	Distribution of questions	Marks allotted	Percentage (%)
Cardiovascular System	1	10	10
Central Nervous System	1	10	10
Respiratory System	1	10	10
Hepatobiliary & Gastrointestinal system	1	10	10
Endocrinology	1	10	10
Nephrology	1	10	10
Diabetes	1	10	10
Dermatology	1	10	10
Psychiatry	1	10	10
Pediatrics- Adolescent Medicine	1	10	10
Total	10	100	100

Tropical Medicine, Environmental Medicine and Nutritional disorders

Subject	Distribution of questions	Marks allotted	Percentage (%)
Viral diseases	2	20	20
Bacterial diseases	cterial diseases 2		20
Parasitic & Protozoal diseases	1	10	10
Fungal diseases	1	10	10
Toxicology	1	10	10
Environmental diseases	2	20	20
Nutritional diseases 1		10	10
Total	10	100	100

Geriatrics & Recent Advances

Subject	Distribution of questions	Marks allotted	Percentage(%)		
Geriatrics	1	10	10		
Haematology 1		10	10		
Oncology	1	10	10		
Immunology & Connective tissue disorders	1	10	10		
Genetics	1	10	10		
Critical Care Medicine	2	20	20		
Recent trials	1	10	10		
Recent Guidelines 1		10	10		
Recent Advances	1	10	10		
Total	10	100	100		

10. Model Question Papers

Paper – I: Applied Basic Sciences

(10x10=100 marks)

- 1. Describe the course relations & branches of coronary artery
- 2. Define Bronchopulmonary segments. List the segments & add a note on its clinical significance
- 3. Describe the process of erythropoiesis. How is this process regulated?
- 4. Describe the physiology of Water balance.
- 5. Describe calcium metabolism
- 6. Write a note on Adverse Drug Reactions
- 7. Write a note on newer insulins
- 8. Discuss the Laboratory Diagnosis of AIDS
- 9. Discuss the etiopathogenesis of Swine Flu
- 10. Describe the coagulation cascade

Paper – II: General Medicine including Pediatrics, Dermatology & Psychiatry (10x10=100 marks)

- 1. Write a note on indication & principles of Cardiac Resynchronisation Therapy
- 2. Discuss the management of Status epilepticus
- 3. Write briefly on Autoimmune Hepatitis
- 4. Describe the causes, clinical features, diagnosis & management of Hyperprolactinemia
- 5. Describe the pathogenesis, clinical presentation & management of Hypersensitivity Pneumonitis
- 6. List the Insulin analogues.
- 7. Discuss the types of Renal Tubular acidosis & treatment
- 8. Describe Steven Johnson Syndrome
- 9. Write a note on management of Alcohol dependence syndrome
- 10. Discuss Kawasaki disease

Paper III- Tropical Medicine, Environmental medicine & Nutrition

 $(10 \times 10 = 100 \text{ marks})$

- 1. Discuss HIV Dementia Complex
- 2. Describe Pre & Post exposure rabies vaccination
- 3. Define MDR & XDR Tuberculosis & add a note on their management
- 4. Discuss Neurosyphilis & its management
- 5. Discuss Cysticercosis.
- 6. Describe Clinical features & management of Mucormycosis
- 7. Discuss Occupational Lead poisoning
- 8. Describe Acute Radiation Syndrome
- 9. Describe High Altitude Sickness
- 10. Describe metabolically active Obesity

Paper – IV: Geriatrics & Recent Advances

 $(10 \times 10 = 100)$

- 1. Write a note on Hypertension in elderly. Add a note on atrial fibrillation in elderly
- 2. Write a note on SPRINT trial. What are the outcomes of HOPE 3 trial
- 3. Write note on Autoimmune Encephalitis. Write a note on Recent advances in management of Demyelinating neuropathy
- 4. New Guidelines for management of Dyslipidemia. Add a note on PCSK9 inhibitors
- 5. Write clinical features, diagnosis & management of APLA
- 6. Describe the clinical features, laboratory investigations & treatment of Tumour lysis syndrome
- 7. Discuss Juvenile Rheumatoid Arthritis
- 8. Discuss the management of Status epilepticus
- 9. Describe the management of DKA
- 10. Write a note on Primary Immunodeficiency syndrome.

11. Recommended Reading

Text Books (latest edition)

- API Text book of Medicine
- Davidson's Principles and Practice of Medicine
- Harrison's Principles & Practice of Medicine
- Oxford Text book of Medicine
- Kumar & Clark: Book of Clinical Medicine
- Cecil: Text Book of Medicine

Reference books

- Hurst: The Heart
- Braunwald Heart Disease: A Textbook of Cardiovascular Medicine
- Marriot's Practical Electrocardiography
- Crofton and Douglas: Respiratory Diseases
- Brain's Diseases of the Nervous system
- Adam's Principles of Neurology
- William's Text Book of Endocrinology
- De Gruchi's Clinical Hematology in Medical Practice
- Kelly's Text Book of Rheumatology
- Slesenger & Fordtran: Gastrointestinal and Liver disease
- Manson's Tropical Diseases

Clinical Methods

- Hutchinson's Clinical Methods
- Macleod's Clinical examination
- John Patten: Neurological Differential Diagnosis
- Neurological examination in Clinical Practice by Bickerstaff

Journals

Indian Journals

- Cardiology Today
- Gastroenterology Today
- Indian Journal of Gastroenterology
- Indian Heart Journal
- Indian Journal of Medical Research
- Indian Journal of Medical Sciences
- Journal of Association of Physicians of India
- Journal of Clinical Practice
- Journal of Indian Medical Association
- Journal of Post Graduate Medicine
- National Medical Journal of India
- Neurology India
- Indian Journal of Critical Care Medicine Circulation

International Journals

• British Medical Journal

- JAMA
- Lancet
- Medical Clinic of North America
- New England Journal of Medicine

ANNEXURE 1: POSTGRADUATE STUDENTS APPRAISAL FORM SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY

DEPARTMENT OF GENERAL MEDICINE

Name of the PG Student:

POSTGRADUATE STUDENTS APPRAISAL FORM

UIN No:

Sr. No.	Particulars		Not Satisfactory		Satisfactory			More Than Satisfactory		Remarks	
		1	2	3	4	5	6.	7	8	9	
	Journal based / recent advances learning										
,	Patient based /Laboratory or Skill based learning										
	Self directed learning and teaching										
4.	Departmental and interdepartmental learning activity										
5.	External and Outreach Activities / CMEs										
6.	Thesis / Research work										
7.	E-portfolio Maintenance										
Yes	olications // No marks*										

*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.

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD

ANNEXURE 2: FEEDBACK FORMS SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by respective Unit Head)

UIN No.:

Name of the Resident:

Name	e of the Faculty:	Date:					
Sl.		D.I.	Score	1 47			
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 (weakness	ss)					
	Signature	:					

SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

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

Sl.		Score					
No.	Criteria to be assessed	Below par (1)	At par (2)	Above 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 counseling 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 (weakr	ness)					

SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Patient/Relative)

		Score				
Sl. No.	Criteria to be assessed	Below par (1)	At par (2)	Above par		
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 counseling 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 consideration when making decisions					
10.	Discusses each step of the management with the patient and relatives					
		Total score:		•		
	General Comments:					
	Highlights in performance (strengths)					

Signature:

SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CLINICAL WORK

(To be completed by Peer)

Name	of the Respondent:	Date	e:			
Sl.		Score				
No.	Criteria to be assessed	Below par (1)	At par (2)	Above 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. 7.	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 (weak	ness)				

Signature:

ANNEXURE 3: FEEDBACK FOR JOURNAL CLUB SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402 EVALUATION SHEET FOR POSTGRADUATE JOURNAL CLUB

(To be marked individually by each faculty)

Name of the Resident:		UIN No.:					
Nam	e of the Faculty:	Date:					
S. No.	Criteria to be assessed	Below par (1)	Score At par (2)	Above par (3)			
1	Relevance of article chosen						
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 4: FEEDBACK FOR SEMINAR SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402 EVALUATION SHEET FOR POSTGRADUATE SEMINAR

(To be marked individually by each faculty)

Name of the Resident:		UIN No.:				
Nam	e of the Faculty:	Date:				
C		Score				
S. No.	Criteria to be assessed	Below par (1)	At par (2)	Above 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 further reading					
9	Time management					
10	Overall performance – relevant answers to					
	questions, attitude during presentation and confidence					
		Total score:				
1	General Comments:					
2	Highlights in performance (strengths)					
3	Possible suggested areas for improvement (we	eakness)				
		Signature:				

ANNEXURE 5: FEEDBACK FOR CASE PRESENTATION SRI BALAJI VIDYAPEETH

PILLAIYARKUPPAM, PUDUCHERRY – 607 402

EVALUATION SHEET FOR POSTGRADUATE CASE PRESENTATION

(To be marked individually by each faculty)

Nam	e of the Resident:	JIN No	.:				
Nam	e of the Faculty:	Date:					
S.			Score				
No.	Criteria to be assessed	Be	low par (1)	At par (2)	Above par (3)		
1	Logical order in presentation (History taking)			• •			
2	Cogency of presentation						
3	Accuracy and completeness of general and loca physical examination	ıl					
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						
		To			1		
	General Comments:						
	Highlights in performance (strengths)						
	Possible suggested areas for improvement (wea	kness)					
	Signature:						