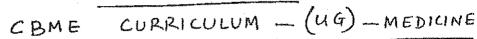
GENERAL MEDICINE ANNEXURE - 38

APPENDIX - I



1

(PAGES 1-156)

1 Heart Failure

| | COMPETENCY The student should be able to | | SLOs |
|--|--|---------|---|
| IM1.1 | Describe and Discuss the epidemiology, pathogenesis, clinical evolution and course of common causes of heart disease including Rheumatic/valvular, Ischemic, hypertrophic, inflammatory | IM1.1.1 | Discuss approach to heart disease. |
| | 1. | IM1.1.2 | Discuss broad classification of heart disease based on clinical evolution |
| | | IM1.1.3 | Discuss clinical course of each class |
| IM1.2 | Describe and discuss genetic basis of heart failure. | | |
| IM1.3 | Describe and discuss the aetiology microbiology pathogenies and clinical evolution of rheumatic fever, criteria, degree of rheumatic activity and rheumatic valvular heart disease and its complications including infective endocarditis | IM1.3.1 | Discuss acute rheumatic fever. |
| | | IM1.3.2 | Discuss rheumatic valvular heart disease |
| : | | IM1.3.3 | Discuss complications of rheumatic valvular heart disease |
| | American and a supplementary and a supplementa | IM1.3.4 | Discuss Infective endocarditis. |
| IM1.4 | Stage heart fallure | IM1.4.1 | Discuss heart failure with reduced ejection fraction |
| | | IM1.4.2 | Discuss heart failure with preserved ejection fraction |
| difficulty of the second secon | | IM1.4.3 | Discuss acute decompensated heart failure |
| | | IM1.4.4 | Discuss advanced heart |

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| *************************************** | | 1 14 22 2 2 2 | 1 ~15 -14 -3 |
|--|--|--|--|
| IM1.10 | Elicit document and present an | IM1.10.1 | Elicit document and |
| | appropriate history that will establish the | | present history to |
| | diagnosis, cause and severity of heart | | establish the diagnosis of |
| | failure including: presenting complaints, | | heart failure its cause |
| | precipitating and exacerbating factors, | | and severity. |
| | risk factors exercise tolerance, changes in | | |
| | sleep patterns, features suggestive of | | The state of the s |
| | · · | and the state of t | 700 |
| | infective endocarditis | 10.14.400 | Elicit document and |
| | | IM1.10.2 | |
| | | · | present history of |
| | | 22 de la companya de | presenting complaints, |
| | | | precipitating and |
| | | | exacerbating factors, risk |
| | - | | factors , exercise |
| | | SAAAAAAA | tolerance, changes in |
| | | No | sleep patterns |
| CHARLES CONTRACTOR CON | 1884 - 1885 - 1884 - 18 | IM1.10.3 | Elicit document and |
| | | *************************************** | present history of |
| | | Windows and | features suggestive of |
| | | | infective endocarditis |
| **** | | IM1.11.1 | Perform and |
| IM1.11 | Perform and demonstrate a systematic | INIT'TT'T | |
| | examination based on the history that | Secretaria. | demonstrate a |
| | will help establish the diagnosis and | - Approximate | measurement of pulse |
| | estimate its severity including: | | |
| | measurement of pulse, blood pressure | *** | and the second s |
| | and respiratory rate, jugular venous | 3000 | - |
| | forms and pulses, peripheral pulses, | 300 may 1 | - Advanced |
| | conjunctive and fundus, lung, cardiac | Marie Control | rousperson |
| • | examination including palpation and | Annual An | veno consessione |
| | auscultation with identification of heart | 999 | -muser vida |
| | sounds and murmurs, abdominal | 8 | |
| | distension and splenic palpation | en personal de la companya de la com | - Automotive and the second se |
| *************************************** | CHARLISH SICH PRIPARALL | IM1.11.2 | Perform and |
| | | IIVIT.TT.K | demonstrate peripheral |
| ; | | And the second s | • • |
| | | | pulses |
| | | IM1.11.3 | Perform and |
| | | | demonstrate conjunctiva |
| | | | and fundus |
| | | IM1.11.4 | Perform and |
| | | name of the second | demonstrate lung, |
| | | | |
| | 1 Part of the second se | | cardiac palpation |
| oceanio de la companio del companio de la companio del companio de la companio della companio de la companio della companio de | and a parameter of the Description Control of Control o | IM1 11 5 | cardiac palpation Perform and |
| ······································ | | IM1.11.5 | Perform and |
| MANAGEMENT OF THE STATE OF THE | | IM1.11.5 | Perform and demonstrate |
| | | IM1.11.5 | Perform and demonstrate auscultation with |
| *************************************** | | IM1.11.5 | Perform and demonstrate auscultation with identification of heart |
| NO 100 100 100 100 100 100 100 100 100 10 | | IM1.11.5 | Perform and demonstrate auscultation with |

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

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| Magazio 4 | | IM 1.23.3 | Discuss the effect of lifestyle habits like |
| ; | | | smoking and alcohol |
| | | IM 1.23.4 | Role of vaccination |
| | | IM 1.24.1 | Describe the |
| IM 1.24 | Describe and discuss the pharmacology of | 11/1 7'54'T | pharmacological |
| | drugs including indications, contraindications in the management of | | mechanism of action of |
| | heart failure including diuretics, ACE | | drugs |
| | inhibitors, Beta blockers, aldosterone | | ~ · · · · · · · · · · · · · · · · · · · |
| | antagonists and cardiac glycosides | | |
| THE PERSON NAMED IN COLUMN | ditagonata ana caratac giveosites | IM 1.24.2 | Discuss the Indications |
| | | 1111 | and contraindications in |
| | | Wasses | management |
| IM 1.25 | Enumerate the indications for | | |
| HAI TIET | valvulopiasty, valvotomy, coronary | | e o |
| | revascularization and cardiac | | Approximation of the state of t |
| ٠ | transplantation | | No. |
| IN 1.26 | Develop document and present a | IM 1.26.1 | Develop an algorithm fo |
| HAI WIEA | management plan for patients with heart | | management of heart |
| | failure based on type of failure, | | failure |
| ; | underlying aetiology | | |
| IM 1.27 | Describe and discuss the role of penicillin | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | prophylaxis in the prevention of | | - www. |
| | rheumatic heart disease | | *************************************** |
| IM 1.28 | Enumerate the causes of adult | IM 1.28.1 | Causes of congenital |
| | presentations of congenital heart disease | 400 American | heart diseases |
| | and describe the distinguishing features | - | presenting in adulthood |
| | between cyanotic and acyanotic heart | | |
| | disease | | |
| | | IM 1.28.2 | Enumerate the |
| | | | differentiating features |
| • | and the state of t | encorrier | of cyanotic and |
| | a. A | romanie en | acyanotic congenital |
| | | | heart disease |
| IM 1.29 | Elicit document and present an | IM 1.29.1 | History taking |
| | appropriate history, demonstrate | A A hamed a A | |
| | correctly general examination relevant | - | |
| * - | clinical findings, formulate document and | | - |
| : | present a management plan for an adult | - | * |
| | patient presenting with a common form | | |
| | of congenital heart disease | | |
| | Design of the second se | IM 1.29.2 | General and system specific examination |
| | The second contract of | | Special evaluation |
| IM 1.30 | Administer an intramuscular injection | | |
| | | 1 | |

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| | disease | | |
|---|--|-------------|---|
| | | IM2.1.2 | Describe the role of |
| | : | | atherosclerosis in |
| | | | Ischaemic heart disease |
| | | IM2.1.3 | Discuss Epidemiology of |
| | | | Atherosclerosis and |
| | activity of the second | | Ischaemic Heart Disease |
| | | IM2.1.4 | Enumerate the |
| | | 1191844. | antecedents and risk |
| | | | factors for |
| | | | Atherosclerosis and |
| | No. of the control of | No. | Ischaemic Heart Disease |
| | Discount to a state of the forther both | IM2.2.1 | What are the non- |
| IM2.2 | Discuss the aetiology of risk factors both | (1412.2.1 | modifiable risk factors of |
| • ' | modifiable and non-modifiable of | | atherosclerosis and IHD |
| | atherosclerosis and IHD | 16 40 2 2 | CONTRACTOR OF THE PROPERTY OF |
| 4 4 | | IM2.2.2 | Discuss the etiology of |
| 1 | | | modifiable risk factors of |
| | · | | atherosclerosis and |
| *************************************** | | | ischemic heart disease |
| | | IM2.2.3 | Describe the etiology of |
| | | | non-modifiable risk |
| | | | factors of atherosclerosis |
| | | · | and Ischemic heart |
| | | : | disease |
| IM2.3 | Discuss and describe the lipid cycle and | IM2.3.1 | Describe the lipid cycle |
| | the role of dyslipidemia in the | | |
| | pathogenesis of atherosclerosis | | |
| | | 1M2.3.2 | Define dyslipidemia |
| - | | IM2.3.3 | Discuss the role of |
| | | | dyslipidemia in the |
| : | · · | | pathogenesis of |
| 4 . | | | atherosclerosis |
| IM2.4 | Discuss and describe the pathogenesis | IM2.4.1 | Discuss the pathogenesis |
| | natural history, evolution and | | of atherosclerosis and |
| | complications of atherosclerosis and IHD | | J IHD |
| Salanderik prin derezena baier berek. | | IM2.4.2 | Describe the natural |
| i i | | | history and evolution of |
| 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | atherosclerosis and IHD |
| · · · · · · · · · · · · · · · · · · · | | IM2.4.3 | Describe the |
| | | | complications of |
| r. | | 1. | atherosclerosis and IHD |
| IM2.5 | Define the various acute coronary | IM2.5.1 | Enumerate the various |
| | syndromes and describe their evolution, | | acute coronary |
| | natural history and outcomes | - | syndromes |
| ė paras antinas | 1984 and there is not a properties | IM2.5.2 | Define the various acute |
| | | 31448-1-7-5 | coronary syndromes |
| | | IM2.5.3 | Discuss the evolution |
| | | C.C.SIVII | 1 NIOTOSS SIIC CADIARA |

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| | | T. | clinical presentation |
|--|--|--|---|
| ~~~~~~ ~~~~ | | IM2.7.3 | Document a physical |
| | | \$1 ¥ 1.5m > 5 + w2 | examination including a |
| : | | | vascular and cardiac |
| | | | examination that is |
| | | | appropriate for the |
| -1 | | | clinical presentation |
| IM2.8 | Generate document and present a | IM2.8.1 | Document a differential |
| IIVIZ.O | differential diagnosis based on the | HVIZ.G.L | diagnosis based on the |
| | clinical presentation and prioritise based | | clinical presentation |
| | on "cannot miss", most likely diagnosis | 1 | |
| | and severity | at to control | |
| | | IM2.8.2 | Present a differential |
| | | e de la companya de l | diagnosis based on the |
| | | يون مخصوص | clinical presentation |
| COLORON CONTRACTOR DE LA COLOR DE LA C | | IM2.8.3 | Present a differential |
| | · | · · | diagnosis prioritised |
| | and the same of th | uga- | based on "cannot miss", |
| | Constitution | - A JAMES - JAMES - A JAME | most likely diagnosis and |
| | | BE 200 MORNOUS COMMUNICATION OF THE PROPERTY O | severity |
| IM2.9 | Distinguish and differentiate between | IM2.9.1 | Describe the clinical |
| | stable and unstable angina and AMI | | features of stable and |
| TACOTATE NAME TO SECURE THE PARTY OF THE PAR | based on the clinical presentation | | unstable angina |
| | ra-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya-ya | IM2.9.2 | Discuss the clinical |
| intromistromerandrikularismismismismismis | | | presentation of AMI |
| | E AUTOMODIO | 1M2.9.3 | Differentiate between |
| | dan | 180 CON | stable and unstable |
| | | | angina and AMI based |
| • | KOZIII-AAA | chylletter | on the clinical |
| | | | presentation |
| INI2.10 | Order, perform and interpret an ECG | IM2.10.1 | Order an ECG in ACS |
| m da je je da sakonamento osobnim osobnim sakon | | IM2.10.2 | Perform an ECG in ACS |
| 4 | | IM2.10.3 | Interpret an ECG in ACS |
| IVI2.11 | Order and interpret a Chest X-ray and | IM2.11.1 | Order a Chest X-ray for |
| | markers of acute myocardial infarction | and the second | acute myocardial infarction |
| men illumen en de de de des de | | 1800 00 0 | |
| | | IM2.11.2 | interpret a Chest X-ray of acute myocardial |
| | Accordance | e-representative and the second | or acute myocardial infarction |
| | 14.4.1.444 | IM2.11.3 | Order markers of acute |
| | - Terres | IIVIZ.LL.D | myocardial infarction |
| | | IM2.11.4 | interpret markers of |
| | | IIAIC*TT*** | acute myocardial |
| | | samples della | Infarction |
| IM2.12 | Choose and interpret a lipid profile and | IM2.12.1 | Interpret a lipid profile in |
| atvic.il | identify the desirable lipid profile in the | 1)*1&.&&.& | the clinical context |
| | clinical context | | Fram motistorist and thereing |
| | j Ullined LUITCAL | | <u> </u> |

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| | *************************************** | - | the relatives of a patient |
|--|--|--|--|
| | | | having Acute MI and |
| • | | | prognosis of the patient |
| IM2.17 | Discuss and describe the indications and | IM2.17.1 | Discuss the indications of |
| ********* | methods of cardiac rehabilitation | | cardiac rehabilitation |
| | | IM2.17.2 | Describe various |
| | | | methods of cardiac |
| | | | rehabilitation |
| IN/2.18 | Discuss and describe the Indications, | IM2.18.1 | Classify the categories of |
| | formulations, doses, side effects and | | dyslipidemia in a tabular |
| | monitoring for drugs used in the | - | format |
| | management of dyslipidemia | | |
| | | IM2.18.2 | classify the drugs used in |
| | | | management of |
| | | | dyslipidemias giving |
| * 4 | | | suitable example of |
| | | | each, including newer |
| - | | IM2.18.3 | drugs Briefly describe the |
| | | 11VIZ.10.5 | indications , doses |
| | | | formulation and adverse |
| | • | STY COMMENT | of each class of drugs |
| | | | (including therapeutic |
| | | | monitoring) |
| IM2.19 | Discuss and describe the pathogenesis, | IM2.19.1 | Describe the types and |
| | recognition and management of | | etiopathogenesis of ACS |
| | complications of acute coronary | | The state of the s |
| | syndromes including arrhythmias, shock, | - Communication of the Communi | Q common with |
| | LV dysfunction, papillary muscle rupture | | · |
| ~~~ | and pericarditis | <u> </u> | |
| | | IM2.19.2 | Briefly describe the |
| | | | clinical manifestations of |
| | | | both electrical and |
| | | | mechanical |
| | | 1 | Consumation of and Antein |
| | | Confirmation (Marcine) | complications and Acute |
| | | Contract Market Land Association (Contract Land | and chronic |
| | | nodromo del Calendro | and chronic complications of acute |
| - | | IM2.19.3 | and chronic complications of acute MI |
| notinent have mente have the income mente have | | IM2.19.3 | and chronic complications of acute |
| nertranslational and the contract of the contr | | M2.19.3 | and chronic complications of acute MI Discuss the management |
| meter cannot as a cette ou no cette can ou ce | | IM2.19.3 | and chronic complications of acute MI Discuss the management of electrical |
| netrannings destronomics phonomics | | IM2.19.3 | and chronic complications of acute MI Discuss the management of electrical complications(VT,VF)and |
| | | IM2.19.3 | and chronic complications of acute MI Discuss the management of electrical complications(VT,VF)and mechanical complications of acute MI |
| IM2.20 | Discuss and describe the assessment and | IM2.19.3 | and chronic complications of acute MI Discuss the management of electrical complications(VT,VF)and mechanical complications of acute MI Enumerate the classes of |
| 1M2.20 | Discuss and describe the assessment and relief of pain in acute coronary syndromes | According to the Contract of t | and chronic complications of acute MI Discuss the management of electrical complications(VT,VF)and mechanical complications of acute MI |

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

3 PNEUMONIA

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

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| Andrea or annual research with the control of the c | A separation of the second | 7 | tone and the analysis of the |
|--|--|--|--|
| | | | immune status of the |
| | | 1.5.5.4.4 | host |
| | | IM 4.1.4 | Discuss the effects of co- |
| | | | morbidities on febrile |
| | | <u> </u> | response |
| | | IM 4.1.5 | Discuss how presence of |
| | | wasaaww | risk factors and co- |
| | | - | morbidities can change |
| political de la companya de la compa | | ļ., | the final outcome |
| IM4.2 | Describe and discuss the influence of | IM 4.2.1 | Describe clinical |
| | special populations on the febrile | er in the second | presentation |
| | response including: the elderly, immune | | ,management and |
| | suppression, malignancy and | | outcome of febrile |
| | neutropenia, HIV and travel | | response in elderly |
| | | IM 4.2.2 | Describe clinical |
| | | *************************************** | presentation, |
| | | 70-730-000- | management and |
| | | | outcome of febrile |
| | | | response in immuno- |
| | | *************************************** | compromised host |
| | | IM 4.2.3 | Describe clinical |
| | | | presentation, |
| | | | management and |
| , | • . | | outcome of febrile |
| *************************************** | | | response in malignancy |
| | | IM 4.2.4 | Describe clinical |
| | :- | | oresentation, |
| | | Early Angle and Early Ea | management and |
| | N. Carlotte | · · | outcome of febrile |
| | e de la companya de | | response in febrile |
| | | l saar r | neutropenia |
| | | IM 4.2.5 | Describe clinical |
| | | | presentation, |
| | | | management and |
| | | | outcome of febrile |
| · · · · · · · · · · · · · · · · · · · | | IM 4.2.6 | response in HIV patients Describe clinical |
| | | IIVI 4.Z.D | |
| | | - | presentation, |
| | | QC Transplant | management and outcome of febrile |
| ٠. | | ar demonstrative | response in case of |
| | • • | | history of travel |
| IM 4.3 | Discuss and describe the common | IM 4.3.1 | Discuss various |
| 1141 54*73 | causes, pathophysiology and | IIVI 4.3.1 | prevalent infections in |
| | manifestations of fever in various | | different parts of India |
| | regions in India including | | initiation harry of unities |
| | bacterial, parasitic and viral causes (e.g. | - Land | |
| Miles de Carlos Car | vartenal, parasitic and viral causes (e.g. | į | |

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

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|---|--|--|--|
| | | The state of the s | associated with |
| | | and the same of th | occupation, travel |
| 4. | | | environment and |
| | | | medications on febrile |
| | * | | response |
| CONTRACTOR OF THE PARTY OF THE | A STATE OF THE STA | IM 4.9 .6 | Discuss a case based |
| | | 1141-4-2-0 | scenario for a patient of |
| | * | | , |
| 40.4.0.00 | and the second s | | fever |
| IM 4.10 | Perform a systematic examination that | IM 4.10.1 | Perform examination of |
| | establishes the diagnosis and severity of | | skin and mucosa and co- |
| | presentation that includes: general skin | | relation for making |
| | mucosal and lymph node examination, | *************************************** | diagnosis |
| | chest and abdominal examination | | |
| | (including examination of the liver and | operated in the second | |
| | spleen) | | 7 |
| | | IM4.10.2 | Perform lymph node |
| | | ory firmwhile | examination and clinical |
| | | | significance |
| | | IM 4.10.3 | Perform chest |
| | | *171 Trabled | examination (|
| • | · | | inspection, palpation, |
| | | to and the state of the state o | |
| | | | percussion and |
| | | | auscultation) and clinical |
| | | | significance |
| `. | | IM 4.10.4 | Perform abdominal |
| | | | examination (|
| | | | inspection, palpation, |
| | | | percussion and |
| | | | auscultation) and clinical |
| | | | significance |
| | | IM 4.10.5 | Discuss the clinical |
| | · | | significance of |
| | • | | lymphadenopathy with |
| | | | hepatosplenomegaly |
| IM 4.11 | Generate a differential diagnosis and | IM 4.11.1 | Discuss relevant history |
| 7.4.5 1 m mg 40m | prioritise based on clinical features that | ests Trababab | suggestive of infective, |
| | help distinguish between infective, | | inflammatory, |
| | inflammatory, | | nnammatury, |
| | | | |
| | malignant and rheumatologic causes | | |
| | | IM 4.11.2 | Discuss the relevant |
| | | | examination suggestive |
| ~ | | | of infective, |
| | and the second s | | inflammatory, malignant |
| | objection of the control of the cont | | and rheumatologic |
| 2 | | i Lagrana | causes of fever |
| | | IM 4,11.3 | Discuss the differential |
| | | | diagnosis of fever based |
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| | | IM 4.12.7 | diagnosis Discuss the pleural and |
| | | IIVI 4.12.7 | |
| | | | ascitic fluid analysis and |
| | | 100000 | their clinical significance |
| | | IM 4.12.8 | Discuss the importance |
| | | | of stool examination in |
| | | 1111111 | making diagnosis |
| IM 4.13 | Perform and interpret a sputum gram | IM 4.13.1 | Discuss the indications of |
| *************************************** | stain | | sputum gram stain |
| | | IM 4.13.2 | Discuss the methodology |
| | | | of obtaining sample |
| | | IM 4.13.3 | Discuss the storage and |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | transportation of sample |
| | | IM 4.13.4 | Discuss the importance |
| | ************************************** | | of gross examination of |
| * ************************************ | | | l sputum |
| | | IM 4.13.5 | Discuss the specific |
| | | *************************************** | staining method of |
| | | gravety. | examination of sputum |
| | | | samples |
| | | IM 4.13.6 | Interpretation of findings |
| | | | in relation to clinical |
| | | | scenario |
| IM 4.14 | Perform and interpret a sputum AFB | IM 4.14.1 | Discuss the indications of |
| - | | | sputum AFB stain |
| | | IM 4.14.2 | Discuss the methodology |
| • | of principles | | of obtaining sample |
| *************************************** | | IM 4.14.3 | Discuss the storage and |
| na e e e | *************************************** | | transportation of sample |
| | | IM 4.14.4 | Discuss the specific |
| | | Assista | staining method of |
| * | • • • • • • • • • • • • • • • • • • • | W-400 | examination of sputum |
| | Total Control of the | | samples |
| ZALIER ZAZENSKA VALOVINIA VITORIA VI | 10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | IM 4,14.5 | Interpretation of findings |
| | | | in relation to clinical |
| | | * | scenario |
| IM 4.15 | Perform and interpret a malarial smear | IM 4.15.1 | Discuss the indications of |
| 3001 -41-7-70 | S ONE SOURS (SO CONDENS CON CONTROL OF STREET, SOURCE CONTROL OF STREE | *************************************** | peripheral smear of |
| | **** | **** | malaria |
| | · · | · · · · · · · · · · · · · · · · · · · | |
| Addings of the substitution of the second of | And the last of the field of th | IM 4.15.2 | Discuss the method of |
| | | 4) F3 F1 2007, 6 | collecting sample |
| | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | IM 4.15.3 | Discuss the storage and |
| <i>7</i> | O DARAGE AND A STATE AND A ST | 1171 4,13.3 | · · · |
| | | 1 11 11 11 11 11 | transportation of sample |
| | · · | IM 4.15.4 | Discuss the specific |
| | · · | | staining method of |
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| imaging in the diagnosis of febrile syndromes IM 4.18.2 Enumerate the indications of CT and MRI body in febrile syndrome IM 4.18.3 Describe the various findings in Chest x ray and their interpretation in febrile syndrome IM 4.18.4 Describe the various findings in CT and MRI and their interpretation in febrile syndrome IM 4.19 Assist in the collection of blood and wound cultures IM 4.19.1 Enumerate Indications of blood and wound cultures IM 4.19.2 Discuss aseptic conditions for sample collection IM 4.19.3 Discuss the storage and transportation of sample collection IM 4.19.4 Discuss the storage and transportation of sample collect blood and wound cultures IM 4.20.1 Discuss the storage and transportation of sample collect blood and wound cultures IM 4.20.2 Discuss the storage and transportation of sample collect blood and blood and wound cultures IM 4.20.1 Discuss the storage and transportation of sample collect blood and wound cultures IM 4.20.2 Discuss the observation of PPD IM 4.20.3 Discuss the collect blood and wound cultures IM 4.20.4 Discuss the collect blood and wound cultures IM 4.20.5 Discuss the procedure operforming PPD test including in special population like in HIV Prepare a clinical case scenario based on history and examination history and examination | | | IM 4.17.5 | Describe the various methods of staining of Bone marrow |
|--|---|--|-----------|---|
| indications of CT and MRI body in febrile syndrome IM 4.18.3 Describe the various findings in Chest x ray and their interpretation in febrile syndrome IM 4.18.4 Describe the various findings in Chest x ray and their interpretation in febrile syndrome IM 4.18.4 Describe the various findings in CT and MRI and their interpretation in febrile syndrome IM 4.19.1 Enumerate Indications of blood and wound cultures IM 4.19.2 Discuss aseptic conditions for sample collection IM 4.19.3 Describe methodology to collect blood and wound cultures IM 4.19.4 Discuss the storage and transportation of sample in the sample collection in febrile syndrome IM 4.20.1 Discuss the storage and transportation of sample in the sample collection in febrile syndrome IM 4.20.1 Discuss the observation of PPD test including in special population like in HIV Prepare a clinical special population like in HIV Prepare a clinical scenario based on history and examination | IM 4.18 | imaging in the diagnosis of febrile | IM 4.18.1 | indications of Chest X ray in febrile syndrome |
| findings in Chest x ray and their interpretation in febrile syndrome IM 4.18.4 Describe the various findings in CT and MRI and their interpretation in febrile syndrome IM 4.19 Assist in the collection of blood and wound cultures IM 4.19.1 Enumerate Indications of blood and wound cultures IM 4.19.2 Discuss aseptic conditions for sample collection IM 4.19.3 Describe methodology to collect blood and wound cultures IM 4.19.4 Discuss the storage and transportation of sample in the sample collection of sample collection IM 4.20.1 Discuss the procedure of performing PPD test including in Special population like in HIV IM 4.20.1 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a | * . | | IM 4.18.2 | indications of CT and MRI body in febrile |
| findings in CT and MRI and their interpretation in febrile syndrome M 4.19 Assist in the collection of blood and wound cultures IM 4.19.1 Enumerate Indications of blood and wound cultures IM 4.19.2 Discuss aseptic conditions for sample collection IM 4.19.3 Describe methodology to collect blood and wound cultures IM 4.19.4 Discuss the storage and transportation of sample modern and transportation of sample transpo | aggalanning og form der er til 1888 kindle. | | IM 4.18.3 | findings in Chest x ray and their interpretation |
| wound cultures IM 4.19.2 Discuss aseptic conditions for sample collection IM 4.19.3 Describe methodology to collect blood and wound cultures IM 4.19.4 Discuss the storage and transportation of sample discuss the storage and transportation of sample sample. IM 4.20.1 Discuss the procedure of performing PPD test IM 4.20.3 Discuss the observation of PPD test IM 4.20.4 Discuss the clinical significance of PPD test including in special population like in HIV IM 4.21.1 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a limitation. | | :17 | IM 4.18.4 | findings in CT and MRI and their interpretation |
| conditions for sample collection IM 4.19.3 Describe methodology to collect blood and wound cultures IM 4.19.4 Discuss the storage and transportation of sample transporta | IM 4.19 | <u> </u> | IM 4.19.1 | 4 C. |
| to collect blood and wound cultures IM 4.19,4 Discuss the storage and transportation of sample of sample of transportation of sample of trans | | | IM 4.19.2 | conditions for sample collection |
| IM 4.20 Interpret a PPD (Mantoux) IM 4.20.1 Discuss indications of PPD IM 4.20.2 Discuss the procedure of performing PPD test IM 4.20.3 Discuss the observation of PPD test IM 4.20.4 Discuss the clinical significance of PPD test including in special population like in HIV IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a history and examination | | | IM 4.19.3 | to collect blood and |
| IM 4.20.2 Discuss the procedure of performing PPD test IM 4.20.3 Discuss the observation of PPD test IM 4.20.4 Discuss the observation of PPD test IM 4.20.4 Discuss the clinical significance of PPD test including in special population like in HIV IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a history and examination | | THE STREET HE AS THE LAST OF THE COST OF T | IM 4.19,4 | Discuss the storage and transportation of sample |
| IM 4.20.3 Discuss the observation of PPD test IM 4.20.4 Discuss the observation of PPD test IM 4.20.4 Discuss the clinical significance of PPD test including in special population like in HIV IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a history and examination | IM 4.20 | Interpret a PPD (Mantoux) | - | PPD |
| of PPD test IM 4.20.4 Discuss the clinical significance of PPD test including in special population like in HIV IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a history and examination | | A A NOW What is a real and a second a second and a second a second and | | |
| significance of PPD test including in special population like in HIV IM 4.21 Develop and present an appropriate diagnostic plan based on the clinical presentation, most likely diagnosis in a significance of PPD test including in special population like in HIV IM 4.21.1 Prepare a clinical scenario based on history and examination | | | IM 4.20.3 | |
| diagnostic plan based on the clinical scenario based on presentation, most likely diagnosis in a history and examination | | | IM 4.20.4 | significance of PPD test including in special |
| : Didiused and cost ellective manifer : | IM 4.21 | diagnostic plan based on the clinical | IM 4.21.1 | Prepare a clinical case |
| | | | IM 4.21.2 | investigations to reach |

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|---|--|--|--|
| | · | | compromised host |
| | | IM 4.24.5 | Discuss the appropriate |
| : | | | treatment plan in |
| | | | immuno-competent host |
| | | | and immuno- |
| | | <u></u> | compromised host |
| IM 4.25 | Communicate to the patient and family | IM 4.25.1 | Communicate to the |
| | the diagnosis and treatment | | patient and family about |
| | | | the diagnosis |
| | | IM 4.25.2 | Communicate to the |
| | | | patient and family about the severity of the |
| | | | disease |
| | | IM 4.25.3 | Communicate to the |
| | | 1141 414212 | family regarding relevant |
| | | - | investigations and |
| | | - Avenue de la companya del la companya de la compa | treatment plan |
| *************************************** | | IM 4.25.4 | Communicate about |
| | | | prognosis of the disease |
| IM 4.26 | Counsel the patient on malarial | IM 4.26.1 | Counsel the patient |
| | prevention | | about importance of |
| | | | malarial prevention |
| | , | IM 4.26.2 | Counsel the patient |
| | | and Others | about available |
| | | und de la companya de | pharmacological |
| | | | treatment for prevention of malaria |
| ALIELE MERCHEN BERNER STATE | | IM 4.26.3 | Counsel the patient |
| | | IIVI 4.20.5 | about non - |
| | | | pharmacological |
| | | and the same of th | measures for prevention |
| | | Constitution of the Consti | of malaria |
| *************************************** | 100 per 100 pe | IM 4.26.4 | Discuss the government |
| | | | plans for the prevention |
| | | 80- - | of malaria |

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

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

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

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

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| | | | National Programme |
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| | 4 | IM6.9.3 | Discuss the laboratory tests |
| | | | used for monitoring of |
| | | | patients with HIV infection |
| | | IM6:9.4 | Discuss the interpretation |
| | | | of the CD4 test and HIV 1 |
| | | | Plasma Viral load tests |
| | | IM6.9.5 | Discuss the concept of |
| | | | treatment failure in HIV |
| | u Turk | | with reference to laboratory |
| | | | lassessment |
| , | | IM6.9.6 | Choose and interpret |
| | | | diagnostic tests in the |
| | Action to the second se | | context of assessment of a |
| tane an | | | patient with HIV |
| IM5.10 | Choose and interpret appropriate | IM6.10.1 | Discuss the laboratory |
| | diagnostic tests to diagnose Opportunistic infections including CBC, sputum | | investigations of Opportunistic infections |
| | examination and cultures, blood cultures, | | opportunistic infections |
| | stool analysis, CSF analysis and Chest | | |
| | radiographs | | |
| ettetta. Herena aranganyan anan | 1 contract to the contract to | IM6.10.2 | Interpret and identify |
| - | *************************************** | | abnormalities in laboratory |
| | | | investigations like- sputum |
| | - April 1 Apri | | AFB, CSF India Ink, Stool |
| | * Control of the Cont | | R/ME findings |
| *************************************** | | IM6.10.3 | Discuss the choice of |
| | | | laboratory investigations |
| • | | | and their interpretation in |
| | • | | patients with HIV with |
| • | | | varied clinical |
| ************************************ | | *************************************** | manifestations |
| IM6,11 | Enumerate the indications and describe | IM6.11.1 | Enumerate the Indications |
| | the findings for CT of the chest and brain | | for Chest radiographs, CT |
| | and MRI | | Scan (chest, head, |
| | The state of the s | | Abdomen, others), MRI in |
| · · · · · · · · · · · · · · · · · · · | | | iHIV infection |
| | | IM6.11.2 | Describe the findings in |
| | | | common Chest radiographs |
| 1250 44 | Enumerate the Indications for and | ikar en e | and CT and MRI Enumerate the indications |
| IM6.12 | Interpret the results of: pulse oximetry, | IM6.12.1 | of pulse oximetry in |
| | ABG, Chest Radiograph | | or purse eximetry in patients with HIV infection |
| *************************************** | | IM6.12.2 | padents with miv injection interpret the findings of |
| | | 51411.L.L. | pulse oximetry |
| ······································ | | IM6.12.3 | Enumerate the indications |
| | | UNIO. LE.J | of arterial blood gas (ABG) |
| ······································ | | | for erectian nation Ray (400) |

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| | | | pharmacokinetics |
| | | | |
| | *************************************** | IM6.16.4 | Describe the common |
| | | | adverse effects of different |
| | **April | | classes of antiretroviral |
| | | <u></u> | drugs |
| | | IM6.16.5 | Describe the common drug- |
| | THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE | | drug interactions of |
| | | | different classes of |
| | | A CONTRACTOR OF THE PROPERTY O | antiretroviral drugs |
| •" | | IM6.16.6 | Discuss the principles of |
| | | | Antiretroviral treatment |
| | | IM6.16.7 | Discuss the eligibility of |
| | TREADMINISTRE TO THE TREATMINISTRE THE TREATMINISTRE TO THE TREATMINISTRE THE TREATMINISTRE THE TREATMINISTRE THE TREATMINISTRE THE TRE | W WORLD | patients for ART initiation |
| | | | and the concept of universa |
| ing as were considerated to | | 1 | ART |
| | T | IM6.16.8 | Outline the clinical |
| | | oreo canada | assessment and |
| | | | preparedness for ART |
| | Service | | initiation in patients with |
| - | A CONTRACTOR OF THE CONTRACTOR | | HIV infection |
| | | IM6.16.9 | Discuss the recommended |
| | - | | first line Antiretroviral |
| | | ago-mana | treatment for HIV in the |
| | | | National Programme |
| | Portugues of the Control of the Cont | IM6,16.10 | Discuss ART adherence and |
| | | description of the second | describe the facilitators and |
| - | | | barriers for adherence |
| | | IM6.16.11 | Outline the principles and |
| - | e grande de la companya del companya de la companya del companya de la companya del la companya de la companya | | diagnosis of antiretroviral |
| - | | market seine siinin ja | treatment failure |
| · · | | IM6.16.12 | Describe the second line |
| THE RESERVE AND A STREET OF THE STREET OF TH | | | ART, third line ART regimen |
| | | IM6.16.13 | Discuss the clinical, |
| | number of the second se | | laboratory, immunological |
| | | | and virological monitoring |
| proportion de la company | | | of patients on ART |
| IM6.17 | Discuss and describe the principles and | IM6.17.1 | Define post exposure |
| | regimens used in post exposure | | prophylaxis and discuss its |
| : | prophylaxis | | principles |
| | | IM6.17.2 | Discuss the methods of HIV |
| | - Control of the Cont | | transmissions and their |
| <u> </u> | | Maria de la compania | associated risk |
| *************************************** | | IM6.17.3 | Discuss the possible |
| : | · interest of the second of th | e production | methods of occupational |
| | duchina | | exposure to HIV and their |
| | A STATE OF THE STA | | risk |

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| | | | HIV transmission through |
|--|--|---|--|
| | | | role play / simulated patien |
| IM6.20 | Communicate diagnosis, treatment plan and subsequent follow up plan to | IM6.20.1 | Communicate a HIV positive result to a client and |
| | patients | | perform post-test |
| | Programme and the second secon | | counselling through role |
| | | | play / simulated patient |
| | | IM6.20.2 | Discuss with a patient the |
| | *** | | treatment plan and process |
| | Re-re-re-re-re-re-re-re-re-re-re-re-re-re | | of initiation of ART through |
| and the second s | | | role play / simulated patien |
| | | IM6.20.3 | Communicate and discuss |
| | | | with the patient the follow |
| : ' | COLUMN TO THE CO | *************************************** | up and monitoring plan after ART initiation through |
| | | 1964 Y C Cum | role play |
| IM6.21 | Communicate with patients on the | IM6.21.1 | Communicate with a patien |
| | importance of medication adherence | | on the importance of ART |
| N. | | coloural acording | adherence through role play |
| : | | | / simulated patient |
| | · | IM6.21.2 | Assess ART adherence in a |
| | | | patient |
| 1. | TO THE PERSON NAMED IN COLUMN TO THE | IM6.21,3 | Identify and address the |
| , | | | facilitators and barriers of |
| 4., | | | adherence to ART in a |
| : | | *************************************** | patient through role play/ simulated patient |
| IM6.22 | Demonstrate understanding of ethical | IM5.22.1 | Discuss the concept of |
| | and legal issues regarding patient | 3 * (* * * * * * * * * * * * * * * * * | patient confidentiality and |
| | confidentiality and disclosure in patients | | disclosure in HIV |
| | with HIV | l., | |
| | | IM6.22.2 | Discuss the ethical issues |
| | S | Meta Endo | associated with HIV |
| | | | infection |
| | Shrundida | IM6.22.3 | Discuss the legal issues |
| | · · | | associated with HIV infection |
| | | IM6.22.4 | Oiscuss the components of |
| | | 11910.22.4 | the HIV/ AIDS (Prevention |
| | | | and Control) Act 2017, |
| | | Comprehensive . | Govt. of India |
| M6.23 | Demonstrate a non-judgemental attitude | IM6.23.1 | Discuss the role of society |
| | to patients with HIV and to their lifestyles | | and Community in HIV |
| | | | infection |
| Fright the re- | | IM6.23.2 | Demonstrate a non- |
| | | manufoly (promi | judgemental attitude to |
| · · · · · · | | į. | patients with HIV and to |

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| | | IM7.5.3 | Discuss causes approach to chronic joint pain |
|--|--|-----------|---|
| IM7.6 | Discriminate, describe and discuss arthralgia from arthritis and mechanical from inflammatory causes of joint pain | IM7.6.1 | Differentiating features of arthralgia from arthritis |
| | | IM7.6.2 | Discuss inflammatory from non-inflammatory Joint pain |
| IM7.7 | Discriminate, describe and discuss distinguishing articular from periarticular complaints | IM7.7.1 | Discuss various periarticular disorders |
| | | IM7.7.2 | Differentiating features between periarticular and articular disorders |
| IM7.8 | Determine the potential causes of join pain based on the presenting features of joint involvement | IM7.8.1 | Discuss algorithmic approach to a patient of joint pain |
| IM7.9 | Describe the common signs and symptoms of articular and periarticular diseases | IM7.9,1 | Discuss signs and symptoms of osteoarthritis |
| | | IM7.9.2 | Discuss signs and symptoms of Gout and other crystal arthropathies |
| SACTION CONTRACTOR OF THE SACTION OF | | IM7.9.3 | Discuss signs and symptoms of periarticular disorders like bursitis , tendinitis, tenosynovitis |
| IM7.10 | Describe the systemic manifestations of rheumatologic disease | IM7.10.1 | Discuss extra articular manifestations of Rheumatold Arthritis |
| iana muunin miliata sekintäätä 1907000000 | | IM7.10.2 | Discuss complications of Rheumatoid Arthritis |
| | | IM7.10.3 | Discuss extra articular manifestations of SLE |
| IM 7.11 | Elicit document and present a medical history that will differentiate the | IM 7.11.1 | Student should be able to present and document the |

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| , | | | the indications and |
|---|--|--|--|
| | | | interpretation of RA |
| | · | | interpretation or nA |
| | | IM 7.15,4 | Student should be able to |
| | | 101 7.15.4 | enumerate and discuss |
| | | | 1 |
| | | | the indications and |
| *************************************** | | | interpretation of ANA |
| * . | ** | IM 7.15.5 | Student should be able to |
| | | | enumerate and discuss |
| | | | the indications and |
| | | - | interpretation of DNA |
| ÷ | | IM 7.15.6 | Student should be able to |
| | east real | | enumerate and discuss |
| | | | the indications and |
| | tune in the second seco | Market Market | interpretation of other |
| | | *************************************** | tests of autoimmunity |
| | · | 7 | |
| ······································ | | | Action Address of the Control of the |
| IM 7.16 | Enumerate the indications for | IM 7.16.1 | Student should be able to |
| i. | arthrocentesis | Property Co. | enumerate and discuss |
| | | 36 (4-152) | the Indications |
| | land the second | | arthrocentesis |
| IM 7.17 | Enumerate the Indications and Interpret | IM 7.17.1 | Student should be able to |
| | plain radiographs of joints | All the state of t | enumerate and discuss |
| | | | the indications of plain |
| | | | radiographs of joints |
| * | | IM 7.17.2 | Student should be able to |
| | And the state of t | 90 Marwor | discuss the interpretation |
| | 9 | | of plain radiographs of |
| | | Number of the second | joints |
| IW 7.18 | Communicate diagnosis, treatment plan | IM 7.18.1 | Student should be able to |
| : | and subsequent follow up plan to | | communicate the |
| | patients | · · | diagnosis to patients of |
| | 1 | | rheumatologic disease |
| | - The state of the | IM 7.18.2 | Student should be able to |
| : | | | communicate the |
| | - · | | treatment plan to patients |
| | <u> </u> | | of rheumatologic disease |
| | The second secon | IM 7.18.3 | Student should be able to |
| . 🙀 | se de la companya de | | communicate the |
| | 4 | - | subsequent follow up plan |
| | 200 | : | to patients of |
| | | | rheumatologic disease |
| IM 7.19 | Develop an appropriate treatment plan | IM 7.19.1 | Student should be able to |
| | for patients with rheumatologic diseases | | discuss and develop an |
| | - | - | appropriate treatment |
| | The second secon | | plan for patients with |
| | 1 | 1 | |

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| IM 7.27 | Determine the need for specialist consultation | IM 7.27.1 | determine the need for specialist consultation |
|---------|--|-----------|--|
| | | IM 7.26.3 | demonstrate an understanding of the impact of rheumatologic conditions on work and family Student should be able to |
| * 1 | | IM 7.26.2 | Student should be able to demonstrate an understanding of the impact of rheumatologic conditions on well-being. Student should be able to |
| IM 7.26 | Demonstrate an understanding of the impact of rheumatologic conditions on quality of life, well-being, work and family | IM 7.26.1 | Student should be able to demonstrate an understanding of the impact of rheumatologic conditions on quality of life. |
| | | IM 7.25.2 | Student should be able to communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions |
| IM 7.25 | Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions | IM 7.25.1 | Student should be able to develop appropriate follow up and monitoring plans for patients with rheumatologic conditions |
| | | 7.24.2 | preferences in the choice of therapy Student should be able to incorporate patient preferences in the choice of therapy |
| IM 7.24 | Communicate and incorporate patient preferences in the choice of therapy | IM 7.23.2 | Student should be able to describe the basis for disease modifying therapy in rheumatologic diseases Student should be able to communicate patient |

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| | hypertension | IM8.5 | Describe and discuss the various secondary causes of hypertension including less common or miscellaneous causes of hypertension. |
|-------------------------|---|---------|---|
| IM8.6 | Define, describe, and discuss and recognize hypertensive urgency and emergency | IM8.6.1 | Define, describe, and discuss hypertensive urgency and emergency. |
| | | IM8.6.2 | Oifferentiate between hypertensive urgency and emergency. |
| | | IM8.6.3 | Discuss various drugs used for hypertensive urgency and emergency and |
| MARKA ALIJA ARIKA ALIKA | | dis | discuss their side effects profile. |
| IM8.7 | Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension | IM8.7.1 | Discuss various etiologies for secondary hypertension. |
| | | IM8.7.2 | Define and discuss obesity and the metabolic syndrome. |
| | | IM8.7.3 | Discuss various rare monogenic causes of hypertension. |
| 8.8MI | Describe, discuss, and identify target organ damage due to hypertension | IM8.8.1 | identify the target organ damage due to hypertension. |
| | ş | IM8.8.2 | Discuss basic lab tests for initial evaluation for target organs damage due to hypertension. |
| IM8.9 | Elicit document and present a medical history that includes duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy | IM8.9.1 | Elicit, document, and present a medical history including duration, levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary session, previous |

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| IM8.13 | Enumerate the indications for and interpret the results of: CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, | IM8.13.1 | Enumerate the Indications for workup lab tests. |
|----------|---|----------|--|
| | ECG | IM8.13.2 | Interpret- CBC, Urine Analysis, RFT, Uric Acid, Lipid Profile, RBS and ECG. |
| IM8.14 | Develop an appropriate treatment plan for essential hypertension | IM8.14.1 | Describe and discuss the various drugs available for essential hypertension. |
| | ж | IM8.14.2 | Discuss the treatment plan for essential hypertension. |
| <i>.</i> | | IM8.14.3 | Describe and discuss the mechanism of action of antihypertensive drugs. |
| | | IM8.14.4 | Discuss the side effects profile of individual drugs for hypertension. |
| IM8.15 | Recognize, prioritize, and manage hypertensive emergencies | IM8.15.1 | Recognize hypertension emergencies. |
| | | IM8.15.2 | Prioritise and manage hypertension emergencies. |
| | | IM8.15.3 | Discuss drugs available for hypertensive emergencies. |
| | | IM8.15.4 | Discuss management of hypertension in special conditions like stroke, ICH, pregnancy. |
| IM8.16 | Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, | IM8.16.1 | Develop communicative skills to the patients. |
| | physical activity, and sodium intake | IM8.16.2 | Communicate about lifestyle modifications including BMI, ideal body weight, physical activity, sodium intake and moderation of alcohol intake. |
| IM8.17 | Perform and Interpret a 12 lead ECG | IM8.17.1 | Interpret ECG |

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| A CONTRACTOR AND A CONT | 99 7 A W W W W W W W W W W W W W W W W W W | | reticulocyte count. |
|--|---|---------|---|
| | | IM9.1.5 | Describe clinical manifestation, diagnostic approach to anemia based on reticulocyte count. |
| IM9.2 | Describe and discuss the morphological characteristics, aetiology and prevalence of each of the causes of anemia | IM9.2.1 | Describe morphological features of anemia based on underlying etiology. |
| | | IM9.2.2 | Discuss the etiology of anemia based on morphological features. |
| · · · · · · · · · · · · · · · · · · · | | IM9.2.3 | List the prevalence of anemia based on its morphological features. |
| IM9.3 | Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior | IM9.3.1 | 1. To take medical history for anemia and its types |
| | history, medications, menstrual history, and family history | IM9.3.2 | 2.Document risk factors for anemia in history |
| IM9,4 | Perform a systematic examination that includes: general examination for pallor, oral examination, DOAP session of hyper dynamic circulation, lymph node and splenic examination | IM9.4.1 | Perform general physical examination in case on anemia including hyperdynamic circulation, pallor, oral examination, lymph node examination and related general examination |
| | en e | IM9.4.2 | Perform Systemic examination including splenic examination and related systemic examination |
| IM9.5 | Generate a differential diagnosis and prioritize based on clinical features that suggest a specific aetiology | IM9.5.1 | 1.Generate differential diagnosis in order of priority based on history and examination |
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| IM9.12 | Describe, develop a diagnostic plan to determine the aetiology of anemia | IM9.12.1 | Describe and develop and algorithm for diagnosis of anemia which will help determine underlying etiology. |
|--------|--|----------|---|
| | | IM9.12.2 | Describe bone marrow aspiration and biopsy and its role in diagnosis of anemia. |
| IM9.13 | Prescribe replacement therapy with iron, B12, folate | IM9.13.1 | Management of iron deficiency anemia |
| | | IM9.13.2 | Management of anima due to B12 and folate deficiency |
| IM9.14 | Describe the national programs for anemia prevention | IM9.14.1 | Describe the national programs for anemia prevention |
| IW9.15 | Communicate the diagnosis and the treatment appropriately to patients | IM9.15.1 | Communicate diagnosis of anemia to the patient |
| | | IM9.15.2 | Explain importance of appropriate treatment and length of treatment |
| | | IM9.15.3 | Explain outcomes of not taking adequate treatment |
| 1M9.16 | Incorporate patient preferences in the management of anemia | IM9.16.1 | Inclusion of patient preferences in management of anemia |
| IM9.17 | Assist in a blood transfusion | IM9.17.1 | Define transfusion biology. |
| | hander and the second s | IM9.17.2 | Describe various blood components. |
| | | IM9.17.3 | List and Discuss the indications of blood transfusion. |
| IM9.18 | Describe the indications for blood transfusion and the appropriate use of | IM9.18.1 | Discuss indications of blood transfusion |
| _ | blood components | IM9.18.2 | Discuss available blood components and their indications of use under different situation |
| | | IM9.18.3 | Discuss complications and |

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10 Kidney Disease

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

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| | | | and treatment of AKI |
|--------|---|----------|---|
| IM10.5 | Describe and discuss the aetiology of CRF | IM10.5.1 | Define CRF as per guidelines. |
| | | IM10.5.2 | Define the clinical features and natural |
| | | IM10.5.3 | history of CRF Discuss the epidemiology |
| | | | of CRF. |
| 1 | | IM10.5.4 | Describe the pathophysiology and etiology of CRF |
| IM10.6 | Stage Chronic Kidney Disease | IM10.6.1 | Describe the KIDGO classification of CKD |
| | | IM10.6.2 | Discuss stages of CKD |
| IM10.7 | Describe and discuss the pathophysiology and clinical findings of uremia | IM10.7.1 | Describe pathophysiolog and biochemistry of uremia. |
| | erendekandeliji de de de lije de | IM10.7.2 | Describe clinical manifestation of uremia |
| | | IM10.7.3 | Discuss blochemical manifestation of uremia including fluid and electrolyte imbalance, and neuromuscular abnormality. |
| IM10.8 | Classify, describe, and discuss the significance of proteinuria in CKD | IM10.8.1 | Describe approach to a patient with proteinuria. |
| | | IM10.8.2 | Discuss the evaluation of proteinuria in a patient with CKD. |
| | | IM10.8.3 | Management of proteinuria in CKD |
| IM20.9 | Describe and discuss the pathophysiology of anemia and hyperparathyroidism in CKD | IM10.9.1 | Discuss Pathophysiology and natural history of abnormal bone metabolism in CKD. |
| | | IM10.9.2 | Discuss Hyperparathyroidism an Bone manifestation of |

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| | | | hyperphostemia, Hyperparathyroidism, sleep apnea on CKD. |
|--|--|-----------|--|
| | | IM10.11.5 | Discuss abnormal cardiac function and heart failure in CKD. |
| | | IM10.11.6 | Discuss the effect of dialysis on cardiac functions in CKD. |
| IM10.12 | Elicit document and present a medical history that will differentiate the aetiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and systemic causes | IM10.12.1 | Elicit and document history of azotemia in terms of clinical presentation including duration of disease, urine output and signs of uremia. |
| | | IM10.12.2 | Elicit past medical history in a patient with renal disorder considering co morbidities and pre- disposing conditions. |
| And Andrew Control of the Control of | | IM10.12.3 | Enumerate difference between acute and chronic kidney disease on basis of history. |
| IM10.13 | Perform a systematic examination that establishes the diagnosis and severity including determination of volume status, presence of edema and heart failure, features of uremia and associated systemic disease | IM10.13.1 | 1.Demonstrate systematic examination that establishes the diagnosis and severity including determination of volume status, presence of edema and heart failure, features of uremia and associated systemic disease |
| ту ст. Тута на вез серез денежните под пред пред пред пред пред пред пред пре | | IM10.13.2 | Perform systematic examination that establishes the diagnosis and severity including determination of volume status, presence of |

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

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

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

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| | | IM 11.8.2 | Perform a systematic |
|--|--|--|--|
| | · · | | examination that establishes |
| | *************************************** | ny Arienta | the diagnosis and severity that |
| | Automorphism and the state of t | | includes detailed examination |
| | | | of the foot (pulses, nervous and |
| | | | deformities and injuries) |
| Michael remains and and popular | | IM 11.8.3 | Perform a systematic |
| | Application | 12.0.D | examination that establishes |
| | demonstration of the state of t | | the diagnosis and severity that |
| :: | obligation and | - | includes skin, peripheral pulses, |
| | To an analysis of the second | | blood pressure measurement |
| | PORTINITIES | | and BMI. |
| , , , , , , , , , , , , , , , , , , , | | IM 11.8.4 | Perform a systematic |
| | | 11V1 II.O.4 | examination that establishes |
| | No. of the Control of | BREALAND | |
| | | NAN' NAMES AND ASSESSED ASSESSEDANCE ASSESSED ASSESSEDANCE ASSESSED ASSESSEDANCE ASSESSED ASSESSED ASS | the diagnosis and severity that |
| ALTERNATION OF THE PROPERTY OF | | IM 11.8.5 | includes fundus examination Perform a systematic |
| | · · | IW 11.5.5 | |
| | | | examination that establishes |
| | | | the diagnosis and severity that |
| | | reason and the second s | includes detailed examination |
| | · | - | of the foot (pulses, nervous and |
| | | | deformities and injuries) |
| IM 11.9 | Describe and recognise the clinical | IM 11.9.1 | Enumerate common diabetic |
| | features of patients who present with a | | emergencies |
| and the second s | diabetic emergency | ļ | |
| | • : | IM 11.9.2 | Describe and discuss how to |
| | | | recognize patients presenting |
| | | | with of Diabetic ketoacidosis |
| | | <u> </u> | based on clinical features |
| · . | | IM 11.9.3 | Describe and discuss how to |
| | | CF CBBCOOLS | recognize patients presenting |
| | | Administration 17 | with of Hyperglycaemic |
| i | ' | V management of the control of the c | hyperosmolar non-ketotic |
| | | *** | coma (HONK) based on clinical |
| | | del management de la rest | features |
| | | IM 11.9.4 | Describe and discuss how to |
| | | STREET, OR. | recognize patients presenting |
| : | | El sauddanille. | with of Hypoglycemia based on : |
| *************************************** | | | clinical features |
| IM 11.10 | Generate a differential diagnosis and | IM11,10. | Discuss and interpret the |
| | prioritise based on clinical features that | 1 | differential diagnosis on the |
| | suggest a specific aetiology of diabetic | · · | basis of clinical features of a |
| | | § . | diabetic emergency |
| *************************************** | emergency | | And the second s |
| | emergency | IM11.10. | Interpret and suggest probable |
| | emergency | IM11.10. | And the second s |
| | emergency | 3 | Interpret and suggest probable |

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| | | IM11.15.4 | Describe presentation of HONK including history and clinical features |
| RADBALDA QULAR LARGE RADICALIZA SENDANGO | | IM11.15.5 | Discuss the principles of management of HONK |
| IM 11.16 | Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions | IM11.16.1 | Discuss principal modes and sites of action of pharmacological treatments for type 2 diabetes. |
| | TINCH SCOTION 2 | IM11.16.2 | Discuss mechanism of action and Indications for use - Biguanides, sulfonylureas, thiozolidenediones |
| | | IM11.16.3 | Discuss mechanism of action and Indications for use - Incretin-based therapies |
| | | IM11.16.4 | Discuss alpha-glucosidase inhibitors, SGLT2 inhibitors |
| | | IM11.16.5 | Describe and discuss indiactions & contraindications of various therapies of diabetes as per patient characteristics and co-morbidities |
| | | IM11.16.6 | Discuss common adverse reactions and interactions among various therapies for diabetes |
| IW 11.17 | Outline a therapeutic approach to therapy of T2Diabetes based on presentation, severity and complications in a cost effective manner | IM11.17.1 | Outline therapeutic goals and self-assessment of glycaemic control |
| | | IM11.17.2 | Discuss diabetic diet and Lifestyle - Composition of the diet, weight management, exercise |
| anguna (anima manana pantana 1964 pilantana | | IM11.17.3 | Discuss insulin therapy - Manufacture and formulation, Insulin dosing regimens |
| mada hadiin ga dada 4 may san | | IM11.17.4 | Discuss special situations in diabetes - Surgery and diabetes / Pregnancy / Children and young adults / Ramadan |
| IVI 11.18 | Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and | IM11.18.1 | Describe and discuss pathophysiology and prevention of diabetes complications |

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| | | | as per above discussion |
|----------|---|------------------------|--|
| IM 11.22 | Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment | IM11.22.1 | Discuss hypoglycaemia in diabetics - Causes and risk factors |
| : | | IM11.22.2 | Describe clinical assessment of hypoglycaemia, investigations; awareness of hypoglycemia |
| | | IM11.22.3 | Discuss management of hypoglycaemia - Emergency management, prevention |
| IM11.23 | Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis | IM11.23.1 | Discuss diabetic Ketoacidosis - Pathogenesis |
| | i | IM11.23.2 | Discuss diabetic Ketoacidosis - Clinical features, |
| | | IM11.23.3 | Discuss diabetic Ketoacidosis - Investigations and management |
| IM11.24 | Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of Hyperosmolar non ketotic state | IM11.24.1 | Discuss HONK - Pathogenesis |
| | A | IM11.24.2 IM11.24.3 | Discuss HONK - Clinical features Discuss HONK - Investigations |
| | | | and management |

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

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

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13 Common Malignancies

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

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| | | | challenges in end of life care |
|--------|--|----------|---|
| IM13.6 | Describe and distinguish the difference between curative and palliative care in patients with cancer | IM13.6.1 | Discuss difference in curative and palliative treatment. |
| | 37 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A | IM13.6.2 | Discuss indication of curative treatment |
| | | IM13.6.3 | Discuss Indication of palliative treatment |
| IM13.7 | Elicit document and present a history that will help establish the aetiology of cancer and includes the appropriate risk factors, duration and evolution | IM13.7.1 | Discuss Salient points of history in patients with suspected malignancy |
| | | IM13.7.2 | Discuss History of Risk factor/aetiology for identification of malignancy |
| | | IM13.7.3 | Discuss History of complications in suspected malignancy |
| IM13.8 | Perform and demonstrate a physical examination that includes an appropriate general and local examination that excludes the diagnosis, extent spread and complications of cancer | IM13.8.1 | Perform a General physical examination in a case of suspected malignancy |
| | TOTTPTOUTER OF SERVICE | IM13.8.2 | Demonstrate Local examination of chest including examination of relevant lymph nodes |
| | | IM13.8.3 | Demonstrate Local examination of breast and relevant lymph node Perform examination of abdominal lump |
| | | IM13.8.4 | Demonstrate examination of Reticuloendothelial and musculoskeletal systems |

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

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14 Obesity

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

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| 1 | Market and the second of the s | IM14.7.2 | Document a physical |
|---|--|--|--|
| | | 110114.7.2 | examination based on the |
| | | 886 | history that includes |
| | | * | |
| | · | | |
| | · | | |
| | | | abdominal obesity, signs |
| | | | of secondary causes and |
| | | | comorbidities |
| | | IM14.7.3 | Demonstrate a physical |
| | | | examination based on the |
| | • | | history that includes |
| | | | general examination, |
| | | | measurement of |
| | | | abdominal obesity, signs |
| | | | of secondary causes and |
| | | *************************************** | comorbidities |
| IM14.8 | Generate a differential diagnosis based | IM14,8.1 | Generate a differential |
| | on the presenting symptoms and clinical | | diagnosis based on the |
| | features and prioritize based on the | | presenting symptoms and |
| | most likely diagnosis | | clinical features. |
| | | IM14.8.2 | Document and prioritize |
| | | | differential diagnosis |
| | | | based on the most likely |
| | | | diagnosis. |
| IM14.9 | Order and interpret diagnostic tests | IM14.9 | Order and interpret |
| | based on the clinical diagnosis including | | diagnostic tests based on |
| | blood glucose, lipids, thyroid function | | the clinical diagnosis |
| | tests etc. | | including blood glucose, |
| | | | lipids, thyroid function |
| | | IM14.9 | tests etc. |
| - | | IM14.9 | Interpret diagnostic tests based on the clinical |
| | | | diagnosis including |
| | | | blood glucose, lipids, |
| | | | thyroid function tests etc. |
| | | | myroto tunction tests etc. |
| IM14.10 | Describe the indications and interpret | IMIA IN I | Describe the indications |
| give 14.14 | the results of tests for secondary causes | AIVLLT.LV.1 | for secondary causes of |
| | of obesity | | obesity |
| - | or onesity | IM14.10.2 | Interpret the results of |
| | | 11V117.1U.4 | |
| | | *************************************** | tests for secondary causes of obesity |
| IM14.11 | Communicate and counsel patient on | IMIAIII | Counsel patient on |
| #348# 4.11 | behavioral, dietary and lifestyle | * | behavioral, dietary and |
| | modifications | Section of the Control of the Contro | lifestyle modifications. |
| | BELLEBECHEELIED | IM14.11.2 | Communicate patient on |
| *************************************** | | 1171 (4, 11.2 | behavioral, dietary and |
| · · | | · · | lifestyle modifications |
| | | - | mental monitorion |
| IM14.12 | Demonstrate an understanding of | IM14.12.1 | Demonstrate on |
| # # # # # # # # # # # # # # # # # # # | The Green and the Committee of the Commi | ATAI TORGOLD | a-osticitoresism M11 |

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15 GI Bleeding

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

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

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

16 Diarrhoeal Disorders

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

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| | | | common parasitic cause |
|---|--|---------------|---|
| - | | IM 16.13.3 | of diarrhoea Describe the pharmacology and side effects of the pharmacotherapy for common parasitic cause of diarrhoea |
| IM 16.14 | Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhoea | IM 16.14.1 | Enumerate the indications for pharmacotherapy for common bacterial and viral of diarrhoea |
| M boommoney one money administrator on management | | IM 16.14.2 | Describe the pharmacotherapy for common bacterial and viral of diarrhoea |
| | | IM 16.14.3 | Describe the pharmacology and side effects of the pharmacotherapy for common bacterial and viral of diarrhoea |
| IM 16.15 | Distinguish based on the clinical presentation of Crohn's disease from ulcerative colitis | IM 16.15.1 | Describe the clinical presentation of Crohn's disease |
| | | IM 16.15.2 | Describe the clinical presentation of Ulcerative colitis |
| | | IM 16.15.3 | Compare clinical presentation of Crohn's disease and Ulcerative colitis |
| IM 16.16 | Describe and enumerate the Indications, pharmacology and side effects of pharmacotherapy for Inflammatory bowel disease | IM 16.16.1 | Enumerate the indications for pharmacotherapy for inflammatory bowel disease |
| | | IM 16.16.2 | Enumerate and describe the pharmacotherapy for inflammatory bowel disease including non-biological agents |
| | | IM 16.16.3 | Describe the pharmacology and side effects of the |

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| | COMPETENCY | | SLOs |
|---|---|--|------------------------------------|
| | The student should be able to | | |
| IM 17.1 | Define and classify headache and | 17.1.1 | At the end of the |
| | describe the presenting features, | | session, the phase II |
| | precipitating factors, aggravating and | | student must be able to |
| | relieving factors of various kinds of | | enumerate the |
| | headache | | classification and types |
| | C has the first first per to have | | of headaches correctly. |
| | | | At the end of the |
| ٠. ا | | 17.1.2 | session, the phase II |
| | | | student must be able to |
| | | | differentiate between |
| | | | primary and secondary |
| | · | | headaches correctly. |
| | | 17.1.3 | At the end of the |
| | | | session, the phase II |
| | | | student must be able to |
| | | | describe the clinical |
| | | | features of various types |
| | | | of headaches correctly. |
| | | 17.1.4 | At the end of the |
| | i a | * 3.00 P | session, the phase II |
| | | | student must be able to |
| <u>.</u> | | | discuss the clinical |
| | | | features of migraine, |
| | | | tension and cluster |
| | | | headache correctly. |
| | | 17.1.5 | At the end of the |
|) | | | session, the phase II |
| | | | student must be able to |
| | | | list the clinical features |
| | | | of raised intracranial |
| | | | pressure accurately. |
| IM 17.2 | Elicit and document and present an | 17.2.1 | At the end of the |
| | appropriate history including aura, | | session, the phase II |
| 4) 1) | precipitating aggravating and relieving | | student must be able to |
| :. | factors, associated symptoms that help | | elicit all components of |
| | identify the cause of headaches | | the history of a patient |
| : | ~ | | of headache presenting |
| | | | in the OPD accurately |
| *************************************** | | 17.2.2 | At the end of the |
| | • | è | and the Alexander of |
| · | | | session, the phase II |
| | | TOTAL PROPERTY AND THE | student must be able to |
| | | And a second | - |
| | | | student must be able to |
| | | | student must be able to record the |

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| | | | neurologic examination |
| 1 | | | accurately and |
| | | | completely |
| | | 17.4.2 | At the end of the |
| | | 17.4.2 | 4 |
| | | | session, the phase II |
| | | | student must be able to |
| - | | | perform and |
| | | | demonstrate a focused |
| | | | \$ |
| | • | | neurologic examination |
| | | | to identify signs of raised |
| - | | | intracranial tension |
| | | | accurately |
| | | 17.4.3 | At the end of the |
| · | | -\$ i a*** 1 m | |
| No. and Market | | | session, the phase II |
| | | | student must be able to |
| | | | perform and |
| *************************************** | Topic Control of Contr | | demonstrate a focused |
| - : : | | | neurologic examination |
| | | | to identify neck signs of |
| ** | | | |
| | ECO | Section and the State of the St | meningitis accurately |
| | - | 17.4.4 | At the end of the |
| | | | session, the phase II |
| | | İ | student must be able to |
| | | | accurately identify and |
| | | | |
| | | 100 mg | discuss the neurologic |
| | | | signs of different types |
| | | | of cerebral/brainstem |
| | | | herniation |
| 10 2 4 W 54 | | 17.5.1 | At the end of the |
| IM 17.5 | Generate document and present a | ्राक्षीः विकासीय की | |
| 77.7 | differential diagnosis based on the | | session, the phase III |
| devende | clinical features and prioritise the | | student must be able to |
| | diagnosis based on the presentation | · # | make a list of differential |
| | | | diagnosis of causes of |
| inches delle | | in the second se | headache |
| A SHOOM AND A COMMENT | 1 | 17.5.2 | At the end of the |
| 12 | | 1,1,13,2 | |
| | | | session, the phase III |
| September 1 | • | | student must be able to |
| 1 | | | discuss the differential |
| one of the contract of the con | | | diagnosis of headache |
| The state of the s | | | based on the history and |
| 1 | | | examination findings |
| egy / | | | |
| 20 | The second of th | | accurately |
| Parametrica national second | The state of the s | 17.5.3 | At the end of the |
| WANTED | | | session, the phase III |
| Constraint of the Constraint o | est-tipe and the second and the seco | MA. | student must be able to |
| 49411 | | numar and a second | identify the clinical |
| *************************************** | | and the second | The state of the s |
| 3 | | | features in favour of and |
| | | 1 | į. |

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|-------------|-------------------------------------|--|-------------|-----------------------|---------|--|--|--|
| | | | | | i | W.L. | | against each etiology in |
| | | | | | : | T- | 080 | the list of differential |
| | 1 | | | | | | | diagnosis by |
| | # · · | *** | | | | one of the contract of the con | NATION AND ADDRESS OF THE PARTY | |
| | | | * | | | | | documenting the points |
| - 1 | 14 | | | | | | | in the notes |
| | | | | | : | | 17.5.4 | At the end of the |
| | | | | | | | E-CHA | session, the phase III |
| | 1 | CONC. | | | : | | . | |
| | 4 | | | • * | | - 1 | | student must be able to |
| 1.79 | £ |]. | • | 1.5 | | | | identify and interpret the |
| | 11 |] | • • | | | | and the same of th | clinical findings of the |
| | | | | | | | | case to narrow the |
| | 1 | | | | : | - 10 | | k . |
| : | ş | | | | - : | | | diagnosis to the most |
| . 1 | |]. | | 124 | - - | 1 . | | likely cause correctly, as |
| | 1., kdj | | <u> </u> | altaile site | ! | | d see | far as possible |
| IM: | 17.6 | Choose ar | nd interpre | t diagnostic | tes | ting | 17.6.1 | At the end of the |
| | | | | diagnosis i | | | | session, the phase III |
| | | | rie niinra | mieBilihala I | (3-14) | MIIIE | The state of the s | |
| | | imaging | | i | - 1: | | Millermone | student must be able to |
| | | 1 | | | | 200,000 | | correctly identify which |
| 1 | | | | | | E-Maria | - MANAGEMENT | patient of headache |
| | | Park Andrews | | 1. | T. | | ACCOUNT. | must undergo diagnostic |
| į | | T. Address | | | 1 | | www. | |
| | | | | | | | - OP-COPPER | testing, based on the |
| | ************ | <u></u> | | | | | | clinical diagnosis |
| | | | | • | 100 | | 17.6.2 | At the end of the |
| | | | | 4, | į. | Nucleon and the second | A. | session, the phase III |
| | | | • | JF . | £ | | \$ | student must be able to |
| | | | | - | ĺ | | | and the first of the control of the |
| | | | | | ĺ | | v . | correctly identify which |
| | | | | | 1 1 | A74.00 | | patient of headache |
| | | | | 1.0 | | | | must undergo imaging, |
| : [| | | | 991 | 11 | | | based on the clinical |
| | · · · | | | | 1 | | rational a | diagnosis |
| | | | | | 61 | | 4 mg 42 Mg | |
| , and | | 1. | | | | | 17.6.3 | At the end of the |
| | | Barrier Ste | | 100 | 1 | 11 12 | * | session, the phase III |
| . 54 | | | | y 44 | 1 | | | student must be able to |
| 5.50 | - Constant | · | | | | TATALAN | | correctly choose the |
| | | # : | ٠, | | 1.7 | At All was | | The state of the control of the state of the |
| - 1 | | | | | | | | further diagnostic |
| - Augusta | | Ī. | 1 | di tri | 4 | | | investigations for |
| | | | | 30 E | | - Anna Anna Anna Anna Anna Anna Anna Ann | | headache, based on the |
| : 2 | | | | | | and delivery of the second | | clinical diagnosis |
| . 3 | | | | | | 200 | 17.6.4 | At the end of the |
| | | | . 4 | 1. 基本 | 1 | 200 | Mad white | The Review of the second record real contracts of the contract |
| | resta | · · · · · | 1.11 | | | 7.000 | | session, the phase III |
| | institution of | Su | | 5번 불 | 10 | 7A seems | | student must be able to |
| } | 1 | hai m | ٠. | g to see | 13 | | | correctly choose the |
| 1 5 | 1 | | | | - 134 | | | imaging modality for |
| | | | 9.5 | | | | | |
| | | | 4. | | | | | Investigation of |
| | | | | | : | | | headache (CT scan |
| · P | | | | | | | | versus MRI), based on |
| · į | J4 - 1 | | . 3 | 학 되는 보험 | 1 | APLEASE. | M | the accuracy, availability, |
| *********** | | | | | <u></u> | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| - V(} | 44 11 1 | | | and the second second | 40.0 | 3 | | entrant to the control of the control of |

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| | | | cost and safety |
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| | | To Annual Control of the Control of | 1 . |
| · | | | parameters |
| | | 17.6.5 | At the end of the |
| | | | session, the phase III |
| | | | student must be able to |
| | TO THE PROPERTY OF THE PROPERT | and the same of th | correctly interpret the |
| | - | | results of the |
| | | 7 | investigations for |
| | | | headache, including |
| | | | imaging |
| IM 17.7 | Enumerate the indications and describe | 17.7.1 | At the end of the |
| | the findings in the CSF in patients with | | session, the phase III |
| | meningitis | | student must be able to |
| | ************************************** | | correctly list the |
| | | | indications for doing a |
| | | | lumbar puncture |
| | | 17.7.2 | At the end of the |
| | | | session, the phase III |
| | | | student must be able to |
| | | | correctly list the contra- |
| i i | | | indications for doing a |
| | | · January | lumbar puncture |
| | 14 | 17.7.3 | At the end of the |
| | | | session, the phase III |
| | | | student must be able to |
| .3 | degramment of the state of the | | correctly list the various |
| : | - Miles | an octobra | parameters studied in a |
| : | | The state of the s | CSF sample in a case of |
| | is a second seco | | <u> meningitis</u> |
| | - Caracian C | 17.7.4 | At the end of the |
| | | | session, the phase III |
| | | 200 | student must be able to |
| | | | correctly describe the |
| | · · | | normal CSF parameters |
| | | *: 1 | and abnormal findings in |
| | s reduced and the second and the sec | | CSF in patients of |
| | | | meningitis (bacterial, |
| | | | viral, tubercular) |
| IM 17.8 | Demonstrate in a mannequin or | 17.8.1 | At the end of the session |
| | equivalent the correct technique for | | a phase IV student must |
| ٠. | performing a lumbar puncture | | be able to counsel the |
| | | 000000000000000000000000000000000000000 | patient and attendants |
| | · · · · · · · · · · · · · · · · · · · | Name of the Control o | about lumbar puncture |
| | | | procedure and obtain |
| | | | their written consent |
| | 3 | | correctly |
| | | 17.8.2 | At the end of the session |
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| | | the phase IV student must be able to correctly enumerate the steps of |
| The desired was properties. | | doing a lumbar puncture, including preparation, instruments, the procedure itself and |
| | | post-procedure care 17.8.3 At the end of the session |
| A DE L'ALL STATEMENT DE L'ALL ST | | the phase IV student must be able to enumerate and accurately identify the |
| | | complications of lumbar puncture |
| | | 17.8.4 At the end of the session the phase IV student must have observed a lumbar puncture being done in a mannequin or |
| | | patient 17.8.5 At the end of the session the phase IV student must be able to |
| | | demonstrate all the steps of a lumbar puncture on a mannequin |
| The state of the s | | 17.8.6 At the end of the session the phase IV student must be able to document the lumbar puncture procedure in |
| | | the notes accurately 17.8.7 At the end of the session the phase IV student must be able to correctly |
| | | describe collection, storage, handling and transportation of CSF |
| 3 2 13 3 1 2 3 1 1 | i i i i i i i i i i i i i i i i i i i | samples to the laboratory for analysis. |
| И 17. 9 | Interpret the CSF findings when presented with various parameters of fluid analysis | 17.9.1 At the end of the session |
| ACCOUNT OF THE PROPERTY OF T | a e d | analysed in CSF |
| | 77 | |

| | | 17.9.2 | At the end of the session a student of phase III |
|--|--|--|--|
| | • | | must be able to correctly |
| | · · | | identify and discuss the |
| | | | abnormal CSF findings in |
| . ", | | | a report |
| . 1 | · <u>.</u> | 17.9.3 | At the end of the session |
| | | | a student of phase III |
| | | | must be able to correctly interpret the CSF report |
| | | | and arrive at a likely |
| | | | etiology in the context of |
| | | | the clinical case |
| IM17.10 | Enumerate the indications for emergency | 17.10.1 | At the end of the |
| HAIT\'TA | care admission and immediate | | session, the phase III |
| | supportive care in patients with | | student must be able to |
| | headache | | correctly list the |
| | 8 8 W W W W W W W W W | | indications for |
| | | | emergency admission in |
| | ii v | A DESIGNATION OF THE PROPERTY OF THE PARTY O | a patient of headache |
| | | 17.10.2 | At the end of the |
| C. C | | | session, the phase III |
| | | | student must be able to |
| | • | | accurately elicit a focused, short history |
| | | ON LUMB | and perform a relevant |
| | | | neurological examination |
| , . | | | to Identify which |
| All and a second | | | patients of headache |
| Mills for change | | | need emergency |
| | | and the second | admission |
| | | 17,10.3 | At the end of the |
| | | | session, the phase III |
| · | | | student must be able to |
| Name of the last o | No. | | correctly describe the |
| E7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | · · | | supportive care |
| | | | (resuscitation, secure |
| | Reality Control | | airway, IV access, |
| | - | | lowering ICP) during emergency admission in |
| | : | | patients of headache |
| | Describe the indications, pharmacology, | 17.11.1 | At the end of the |
| IM17.11 | dose, side effects of abortive therapy in | | session, a phase IV |
| | migraine | | student must be able to |
| | THE STATE OF THE S | | correctly discuss the |
| 1. | and the second s | | indications and |
| | | | contraindications of |
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| | | | | various drugs used for abortive therapy in migraine |
|--|--|--|--|---|
| The first of a second s | | | 17.11.2 | At the end of the session, a phase IV student must be able to list the drugs, their |
| ode over 17,222 demonstration of the | The property of the control of the c | | | routes of administration and doses when used fo abortive therapy in migraine |
| THE WAY AND ADDRESS OF THE PARTY AND ADDRESS O | | | 17.11.3 | At the end of the session, a phase IV student must be able to |
| | of Variation and | | | analyse and discuss the appropriate abortive therapy for an individual |
| ANY CONTRACTOR OF THE CONTRACT | The annual part of the state of | | mention and the state of the st | patient of migraine taking into account his/her disease pattern, choices, co-morbidities, |
| | WHO CHIEF TO THE | | 17.11.4 | toxicity, availability and cost At the end of the |
| TO THE PARTY OF TH | | | | session, a phase IV student must be able to correctly counsel the |
| | | | | patient regarding the dosing, precautions, and side-effects of abortive therapy |
| TO TO A Continue of the Contin | | | 17.11.5 | At the end of the session, a phase IV student must be able to |
| V T T T T T T T T T T T T T T T T T T T | | | | counsel the patient about the need to maintain a headache |
| И17.12 | Describe the Indicat | ions, pharmacold | ogy, 17.12.1 | diary and how to prevent medication (NSAID) overuse At the end of the |
| | dose, side effects of In migraine | | | session, a phase IV student must be able to discuss the indications and contraindications of |
| | 355 HAARIN 400 (1904) | TOTAL CONTRACTOR CONTR | | drugs used for prophylactic therapy in |

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| | | | migraine |
| | | 17.12.2 | At the end of the |
| | · | | session, a phase IV |
| | , | | student must be able to |
| | | | i ' ' |
| | | | correctly list the drugs. |
| | | | their routes of |
| | | | administration, duration |
| | | | and doses when used for |
| | | | ; |
| | | | prophylactic therapy in |
| | | | migraine |
| | | 17.12.3 | At the end of the |
| - | | | session, a phase IV |
| : | | | |
| | , | | student must be able to |
| | | 4 | analyse and discuss the |
| | | | appropriate prophylactic |
| | | | therapy for an Individual |
| | · | | patient of migraine |
| National Control of Co | | | |
| - | | | taking into account |
| *************************************** | * | | his/her disease pattern, |
| Section 2 | | | choices, co-morbidities, |
| - Control | | | toxicity, availability and |
| | | | |
| | | | cost |
| 1 | | 17.12.4 | At the end of the |
| | : | | session, a phase IV |
| en-cases | To the state of th | | student must be able to |
| | · | | correctly counsel the |
| awww. | | | patient regarding the |
| | 3 | | |
| and and a | | | dosing, precautions, |
| Average . | | | compliance and side- |
| - Area - | | | effects of prophylactic |
| A Vocame | : | | therapy |
| second . | | 1717E | At the end of the |
| | | 17.12.5 | 1 |
| | . . | Accessory | session, a phase IV |
| opposition of the contract of | 6 . | | student must be able to |
| ACTOR CARRO | · | and the state of t | counsel the patient |
| and the state of t | State of the state | ACCOUNTY OF THE PROPERTY OF TH | about maintaining a |
| .1 | 300 mm | | |
| 4 | | Ö | headache diary |
| IW17.19 | Describe the pharmacology, dose, | 17.13.1 | At the end of the |
| | adverse reactions and regimens of drugs | | session, a phase III |
| | used in the treatment of bacterial, | - SAMORONA | student must be able to |
| | tubercular and viral meningitis | The state of the s | correctly list the drugs, |
| | rnnaichiat aim airei illeimiùirip | The state of the s | their routes of |
| according to | | | |
| | · | | administration, duration |
| : | | | and doses when used for |
| | | | treatment of bacterial, |
| | | | tubercular and viral |
| | | *** | 1 |
| 1 | | <u></u> | meningitis |
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| Problem of the same see | | | FF118********************************** | | | |
|---------------------------------------|------------------|------------------------|--|--|--|--|
| | | | | | 17.13.2 | At the end of the |
| | | | ! | 3 | | session, a phase IV |
| 1 | | • | | | | student must be able to |
| | | | | | | correctly choose |
| | | | | | | antibiotics for empirical |
| | | | | - | | treatment of bacterial |
| | - 1 | | | | | meningitis in adults |
| | - Marian | | | | 17.13.3 | At the end of the |
| | | | | | _,,_,, | session, a phase IV |
| | | | | | | student must be able to |
| | • • | | | | : | describe penicillin allergy |
| | | | | | | the contract of the contract o |
| | | - | - 1 | | , i | testing, side-effects and |
| | | | | | | renal dose modification |
| | | | | | | in a case of bacterial |
| | | | | | | meningitis |
| } | | | | | 17.13.4 | At the end of the |
| | | | | | | session, a phase IV |
| | 77. | • | | | | student must be able to |
| | | | | | , out have | discuss the correct use of |
| | | | | no vote anno | 4 | Acyclovir for a patient of |
| r dr. | | | | | | viral meningitis (dose, |
| : | | | | and the second second | · · | administration, |
| | | | | | ., | precautions, duration) |
| | | | | | 17.13.5 | At the end of the |
| | | * | | | &1.4J.J | and the contract of the contra |
| | | | The second | *************************************** | | session, a phase IV |
| | | | | | | student must be able to |
| | | | | TAS LANGUAGE | | correctly discuss the |
| | | | | To come Age | eroriii a | prescription writing for |
| | | | | | herionas | treatment of tubercular |
| | | | | At about on | N. S. | meningitis based on |
| | iar. | | | | | weight, as per national |
| : <u>:</u> ; | | | NAME OF THE OWNER, AND THE OWNER, AN | | | guidelines |
| | | | . 11 | | 17.13.6 | At the end of the |
| | | | | Section 2 | | session, a phase IV |
| | | | | mayora. | or Rhanar | student must be able to |
| · · · · · · · · · · · · · · · · · · · | | | | Anna State Comments | oroamero v | discuss the monitoring of |
| | | i i | | | o de la constante de la consta | patients for toxicity of |
| | | | | The second | Commons | anti-tubercular drugs |
| 4.5 | | • | | and the second | 17.13.7 | At the end of the |
| | | | - 5 | Section 1 | 17.13.7 | The state of the s |
| | No. | | | A CONTRACTOR OF THE CONTRACTOR | | session, a phase IV |
| | Architecture | | | | | student must be able to |
| | | • | | | | discuss the management |
| | | | | 2000 | | of a patient who |
| | | | | | | develops hepatotoxicity |
| | | | | | | due to anti-tubercular |
| | Joseph et e | | | | · · · · · · · · · · · · · · · · · · · | therapy |
| IM17.1 | 4 Counsel | patients with | migraine an | d i | 17.14.1 | At the end of the |
| | in in the second | 1 115 1 20 - 1 - 21305 | | | | |

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| tension headache on lifestyle changes and need for prophylactic therapy | | session, the phase IV student should be able to correctly list the |
|--|---------|---|
| | | aggravating/triggering factors for migraine and tension headache |
| | 17.14.2 | At the end of the session, the phase IV student should be able to correctly identify the precipitating/aggravating factors for migraine and tension headache, in a particular patient by talking to him/her |
| | 17.14.3 | At the end of the session, the phase IV student should be able to inform and counsel the patient about lifestyle changes to be made in order to avoid the precipitating factors of headache |
| | 17.14.4 | At the end of the session, the phase IV student should be able to correctly counsel the patient regarding need for and compliance with prophylactic therapy for preventing migraine and tension headache |
| The second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the sec | 17.14.5 | At the end of the session, a phase IV student must be able to counsel the patient about the need to maintain a headache diary |

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| | COMPETENC | ************************************** | | SLOs | |
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| du | 44 | On demonstration | | > | WE |

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

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

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

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

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19 Movement Disorders

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

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

20 Envenomation

| | COMPETENCY | | SLOs |
|--------|---|-----------|--|
| | The student should be able to | | |
| IM20.1 | Enumerate the local poisonous snakes and describe the distinguishing marks of | IM20.1.1 | Classify venomous snakes |
| | each | IM20.1.2 | Differentiate venomous snakes as Neurotoxic, Hemotoxic or Myotoxic |
| | | IM20.1.3 | Differentiate Features of Poisonous and Non- poisonous snakes |
| IM20.2 | Describe, demonstrate in a volunteer or a mannequin and educate (to other health care workers / patients) the correct initial management of patient with a snake bite | IM20.2.1 | Explain/Demonstrate First Aid Treatment/ Field Management in a case of snake bite |
| | in the field | IM20.2.2 | List DON'Ts to be done in the field in a case of snake bite |
| iM20.3 | Describe the initial approach to the stabilisation of the patient who presents with snake bite | IM20.3.1 | Enumerate the ABCDE approach of primary clinical assessment in a case of snake bite |
| | A. T. | IM20.3.2 | Describe the early clues of severe envenoming in a case of snake bite |
| | | IM20.3.3 | Discuss treatment of Hypotension, AKI and shock in a case of snake bite |
| | | IM20.3.34 | Olscuss treatment of neurotoxic envenomation in a case of snake bite |
| | | IM20,3.5 | Discuss treatment of the bitten part in a case of snake bite |
| IM20.4 | Elicit and document and present an appropriate history, the circumstance, time, kind of snake, evolution of symptoms in a patient with snake bite | IM20.4.1 | How to elicit history in a patient who comes with alleged history of snake bite |
| IM20.5 | Perform a systematic examination, document and present a physical examination that includes general | IM20.5.1 | Demonstrate the ABCDE approach to a patient with snake bite |
| | examination, local examination, appropriate cardiac and neurologic examination | IM20.5.2 | Demonstrate General Physical examination to a patient with snake bite |
| | 3 | IM20.5.3 | Discuss the Local |

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| AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | | IM20,5.4 | examination findings of a patient who presents with snake bite |
|--|---|----------|--|
| | | | Discuss the systemic envenomation findings in a patient with snake bite |
| IM20.6 | Choose and interpret the appropriate diagnostic testing in patients with snake bites | IM20.6,1 | Enumerate the investigations to be done in a patient who comes with snake bite |
| California in the communication of the california of the californi | | IM20.6.2 | Describe role of dipstick test and urine for microscopy in patient that comes with snake bite |
| 7 | | IM20.6.3 | Discuss role of 20-minute whole blood clotting test in patient with snake bite |
| IM20.7 | Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of | IM20.7.1 | What is anti-venom? |
| | anti-snake venom | IM20.7.2 | Describe the indications of use of Anti snake venom |
| | | IM20.7.3 | Describe the dose and administration of Anti snake venom |
| | | IM20.7.4 | List and discuss the adverse reactions of Anti snake venom |
| | | IM20.7.5 | Discuss treatment of Early anaphylactic and Pyrogenic Anti venom reactions |
| | | IM20.7.6 | Discuss treatment of Late(Serum sickness type) reactions |
| | Describe the diagnosis, initial approach stabilisation and therapy of scorpion envenomation | IM20.8.1 | Explain Symptoms and Signs of Scorpion envenomation |
| | | IM20.8.2 | Explain management of Scorpion envenomation |
| 2220 | | | |
| | Describe the diagnosis initial approach stabilisation and therapy of bee sting allergy | | Enumerate normal and allergic reactions of Bee Stings |
| | | IM20.9.2 | Explain First aid, Treatment of local |

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| | | for Bee stings |
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21 Poisoning

COMPETENCY

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| | The student should be able to | | |
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| IM21.1 | Describe the initial approach to the stabilisation of the patient who presents with poisoning | IM21.1.1 | Describe the initial step of resuscitation in a patient of poisoning |
| | | IM21.1.2 | Describe the risk assessment to predict the course of clinical toxicity |
| | | IM21.1.3 | Enlist the initial investigations that are sent in a patient of poisoning |
| | | IM21.1.4 | Describe the various methods of decontamination and elimination of poison |
| | | IM21.1.5 | Enumerate the antidotes available based on type of poisoning |
| IM21.2 | Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis | IM21.2.1 | Enumerate the commor plant poisons seen in their area |
| | | | |
| | and specific approach to detaxification | IM21.2.2 | Describe the toxicology of common plant poisons |
| | and specific approach to detaxification | IM21.2.2 | of common plant |
| | and Specific approach to detexification | | of common plant poisons List the clinical features of common plant |
| | and Specific approach to detexification | IM21.2.3 | of common plant poisons List the clinical features of common plant poisons Describe the specific approach of detoxification for common plant poisons. |
| M213 | Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis | IM21.2.3 IM21.2.4 | of common plant poisons List the clinical features of common plant poisons Describe the specific approach of detoxification for common plant poisons. Discuss the prognosis of common plant poisons |
| IW213 | Enumerate the common corrosives used in your area and describe their | IM21.2.3 IM21.2.4 IM21.2.5 | of common plant poisons List the clinical features of common plant poisons Describe the specific approach of detoxification for common plant poisons. Discuss the prognosis of common plant poisons Enumerate the common corrosives used in their |

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| | | · | List the clinical features |
|---------------------------------------|---|----------|---|
| | | | of common corrosive |
| | | IM21.3.4 | Describe the approach towards therapy of common corrosive poisoning |
| | · | IM21.3.5 | Discuss the prognosis of common corrosives |
| IM21.4 | Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis | IM21.4.1 | Enumerate the commonly observed drug overdose in their area |
| | and approach to therapy | IM21.4.2 | Describe the toxicology of common drug overdose |
| | | IM21.4.3 | List the clinical features of common drug overdose |
| | | IM21.4.4 | Describe the approach towards therapy of common drug overdose |
| | | IM21.4.5 | Discuss the prognosis of common drug overdose |
| IM21.5 | Observe and describe the functions and role of a polson center in | IM21.5.1 | Enumerate the functions of poison centre |
| · · · · · · · · · · · · · · · · · · · | suspected poisoning | IM21.5.2 | Describe the role of a poison centre in suspected poisoning |
| | • | 1M21.5.3 | Observe the functioning of a poison centre. |
| IM21.6 | Describe the medico legal aspects of suspected suicidal or homicidal poisoning and demonstrate the correct procedure to write a medico legal report | IM21.6.1 | Describe the medicolegal aspects of suspected suicidal poisoning |
| | on a suspected poisoning | IM21.6.2 | Oescribe the medicolegal aspects of suspected homicidal poisoning |
| | | IM21.6.3 | Demonstrate the correct procedure to write a medicolegal report on a suspected poisoning. |

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

22 Mineral and Acid-base Disorders

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

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| | | 3887747 | Describe the |
|-------------------------------|--|--|--|
| | Objective | IM22.1.2 | 1 1 |
| | | | pathological |
| | | | consequences of |
| | | | hypercalcemia. |
| | | IM22.1.3 | Enumerate the causes of |
| | | | hypercalcemia. |
| | | dielle management per met gegen de la company de la compan | 1 |
| | | IM22.1.4 | Enumerate the clinical |
| | | | feature of |
| | | | hypercalcemia. |
| | | IM22.1.5 | Distinguish the features |
| | | | of PTH vs non PTH |
| | | | mediated |
| | | | hypercalcemia. |
| ajikwakaji wasani wasani sana | | 4433333 | Discuss pathogenesis of |
| IM22.2 | Describe the etiology, clinical | IM22.2.1 | |
| | manifestations, diagnosis and clinical | · · | hyperparathyroidism |
| | approach to primary | | |
| | hyperparathyroidism. | IM22.2.2 | Describe the etiology of |
| | | Production of the Control of the Con | primary |
| | | | nyperparathyroidism. |
| | Personal Programme Control of the Co | · · · · · · · · · · · · · · · · · · · | · |
| | | IM22.2.3 | Enumerate the clinical |
| | | 1171 | manifestations of |
| | *** | | primary |
| | | | hyperparathyroldism. |
| . * | | Overland) | 114berbarerriannon |
| | | | |
| | | IM22.2.4 | Discuss clinical approach |
| | | | to primary |
| | | | hyperparathyroidism. |
| | - Constitution | L | |
| | | IM22.2.5 | Discuss diagnosis of |
| | The state of the s | | primary |
| | | A. S. C. S. | hyperparathyroldism. |
| | | ** | |
| | · · | IM22.2.6 | Describe surgery |
| | | · · | intervention in case |
| | | A-1 MA 18 | orimary |
| | | and the same of th | hyperparathyroidism. |
| | | | The second secon |
| IM22.3 | Describe the approach to the | MM22.3.1 | Describe the |
| | management of hypercalcemia. | prose as a | pharmacology actions of |
| | | Address | drugs used in |
| | | | Hypercalcemia. |
| | | IM22.3.2 | Describe the |
| 4 | *************************************** | Automatical Control of the Control o | management of |
| | | 1300mm/d04 | Hypercalcemia. |
| 15000 6 | Enumerate the components and describe | IM22.4.1 | Discuss pathogenesis of |
| IM22.4 | counciste the components and describe | 13A1WW.4.4.W | MEN syndrome |
| | the genetic basis of the multiple | 1 | Livinia skirm offic |

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| | endocrine neoplasia syndromes. | IM22.4.2 | Enumerate the components of the multiple endocrine neoplasia syndromes. |
| | | IM22.4.3 | Describe the genetic basis of the multiple endocrine neoplasia syndromes. |
| IM22,5 | Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management of the patient | IM22.4.1 | Enumerate the causes and clinical features of hyponatremia. |
| The second secon | with hyponatremia. | IM22.4,2 | Describe diagnostic approach of hyponatremia. |
| | An annual control of the control of | IM22,4.3 | Describe management of the patient with hyponatremia |
| IM22.6 | Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and | IM22:6.1 | Enumerate the causes and clinical features of hypernatremia. |
| | management of the patient with hypernatremia. | IM22.6.2 | Describe the laboratory features and the correct approach to the diagnosis of hypernatremia. |
| en e | And the second s | IM22.6.3 | Describe the treatment of the patient with hypernatremia. |
| | Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with | IM22.7.1 | Enumerate the causes and describe the clinical feature of hypokalemia. |
| | hypokalemia. | IM22.7.2 | Describe the laboratory features and the correct approach to the diagnosis of hypokalemia. |
| ************************************** | | IM22.7.3 | Describe the treatment of the patient with hypokalemia. |
| INI22.8 | Enumerate the causes and describe the | IM22.8.1 | Enumerate the causes |

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| THE ADD ACTION OF THE ADDRESS OF THE | clinical and laboratory features and the correct approach to the | | and describe the clinical features of |
|--|--|-----------|--|
| Time and the control of the control | diagnosis and management of the patient with hyperkalemia. | IM22,8.2 | hyperkalemia. Describe the laboratory |
| CORP. A CORP. CORP | | | features and the correct approach to the diagnosis of hyperkalemia. |
| | | IM22.8.3 | Describe the treatment of the patient with hypokalemia |
| IM22.9 | Enumerate the causes and describe the clinical and laboratory features of metabolic acidosis. | IM22.9.1 | Describe the physiology of metabolic acidosis |
| | | IM22.9.2 | Enumerate the causes and describe the clinical features of metabolic acidosis. |
| and the state of t | | IM22.9.3 | Describe the laboratory features of metabolic acidosis |
| IM22.10 | Enumerate the couses of describe the clinical and laboratory features of metabolic alkalosis | IM22.10.1 | Describe of physiology of metabolic alkalosis. |
| | | IM22.10.2 | Enumerate the causes and describe the clinical features of metabolic alkalosis. |
| | | IM22.10.3 | Describe the laboratory features of metabolic alkalosis. |
| IM22.11 | Enumerate the causes and describe the clinical and laboratory features of respiratory acidosis | IM22.11.1 | Describe the physiology of respiratory acidosis |
| | | IM22.11.2 | Enumerate the causes and describe the clinical features of respiratory acidosis. |
| | | IM22.11.3 | Describes the laboratory features of respiratory acidosis. |

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

23 Nutritional and Vitamin Deficiencies

| | | | The second with the second control of the se |
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| 4 | Competency The student should be able to | | SLOs |
| IM 23.1 | Discuss and describe the methods of nutritional assessment in an adult and | IM 23.1.1 | Discuss essential nutrient requirements and |
| Sign of the state | calculation of caloric requirements during illnesses | | dietary reference intake. |
| Amaze popularia accionista del como del | | IM 23.1.2 | Discuss nutritional status assessment in adults. |

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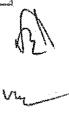
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| ************************************** | | IM 23.1.3 | Describe factors altering nutritional needs. |
| | | IM 23.1,4 | List and describe methods of calculation of calorie requirement in critical illness. |
| IM 23.2 | Discuss and describe the causes and | IM 23.2.1 | Describe nutritional |
| and management of the control of the | consequences of protein caloric mainutrition in the hospital | IM 23.2.2 | Describe protein energy malnutrition and its variants. |
| fin e de autoble character de la constitució de | | IM 23.2.3 | Describe the diagnosis of protein energy malnutrition in hospitals. |
| | | IM 23.2.4 | Discuss the clinical manifestation and complication of PEM in hospitals. |
| IM 23.3 | Discuss and describe the aetiology, causes, clinical manifestations, | IM 23.3.1 | Enumerate common vitamin deficiencies. |
| · | complications, diagnosis and management of common vitamin deficiencies | IM 23.3.2 | Describe the causes and etiologies of common vitamin deficiencies. |
| · Andrewski Andr | | IM 23.3.3 | Describe the clinical manifestation of common vitamin |
| er de la composition della com | | IM 23.3.4 | Discuss the complication of common vitamin deficiency. |
| Volumble of well-life (A) Cale Medical Control | | IM 23.3.5 | Discuss the diagnostic modalities of common vitamin deficiencies. |
| er mages proposition on a proposition prop | y. | IM 23.3.6 | Describe the treatment of common vitamin deficiencies. |
| IM 23.4 | Enumerate the indications for enteral and parenteral nutrition in critically ill patients | IM 23.4.1 | Define specialized nutritional support. |
| and the second of the second o | | IM 23.4.2 | Enumerate the indication, provision and selection of enteral nutrition in critically ill |

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

24 Geriatrics

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

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

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| -: ' | | | with vascular events |
|--------|--|--|---|
| IM24.5 | Describe and discuss the | IM24.5.1 | Describe and discuss |
| | aetiopathogenesis clinical presentation | _ | causes of depression in |
| | Identification, functional changes, acute | | elderly |
| | care, stabilization, management, and | IM24.5.2 | Describe and discuss |
| | rehabilitation of depression in the elderly | | clinical presentation of |
| | | • | depression in elderly and |
| | • | | functional changes |
| | | IM24.5.3 | Discuss identification of |
| | | 110124.3.3 | • Programme and Administration of the Conference of the Confere |
| * - 1 | | | reversible causes of |
| | | | depression elderly |
| | | IM24.5.4 | Describe and discuss |
| | | | acute care and |
| | | -: | management of |
| | | | depression in elderly |
| | 4444 | IM24.5.5 | Describe and discuss |
| | | and the same of th | rehabilitation of |
| | | | depression in elderly |
| IM24.6 | Describe and discuss the | IM24.6.1 | Describe and discuss |
| | aetiopathogenesis causes, clinical | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | causes of dementia in |
| | presentation, difference in discussion | | elderly |
| | presentation identification, functional | IM24.6.2 | Describe and discuss |
| | changes, acute care, stabilization, | 11714 7.012 | clinical presentation of |
| | management and rehabilitation of | | dementia in elderly and |
| | dementia in the elderly | | functional changes |
| | and the state of t | IM24.6.3 | Discuss Identification of |
| | | 110124.0.5 | 1 |
| | The control of the co | | reversible causes of |
| | CVY TOTAL CO. | · | dementia in elderly |
| | 100 | IM24.6.4 | Describe and discuss |
| | | | acute care and |
| | The Action of th | | management of |
| | , Ave. Andrew | | dementia in elderly |
| | | IM24.6.5 | 5.Rehabilitation of |
| | | | dementia in elderly |
| IM24.7 | Describe and discuss the | IM24.7.1 | Describe and discuss |
| | aetiopathogenesis, clinical presentation, | | causes of personality |
| | identification, functional changes, acute | | changes in elderly |
| | care, stabilization, management, and | IM24.7.2 | Describe and discuss |
| | rehabilitation of personality changes in | -27 EMM 108 +5m | clinical presentation of |
| | the elderly | : | personality changes in |
| | | | elderly and functional |
| | Blowner Co. | , | 3 |
| - | State of the state | 13. A 7 A 7 70 | changes |
| | | IM24.7.3 | Discuss identification of |
| | 1 | | reversible causes of |
| | Address of the state of the sta | | personality changes a in |
| | | | elderly |

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

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

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| | g | 7 | |
|--|--|-------------------|---|
| | | IM24.12.4 | Describe and discuss |
| | , | | acute care, stabilization, |
| | | | and management of |
| | | | degenerative joint |
| 1 | | | disease in elderly |
| | | IM24.12.5 | Describe and discuss |
| | | 11710. 11.2.20/15 | rehabilitation of |
| | | | degenerative joint |
| | | | disease in elderly |
| | | | Describe and discuss |
| IM24.13 | Describe and discuss the | IM24.13.1 | |
| * | aetiopathogenesis, clinical presentation, | | causes of falls in elderly |
| | identification, functional changes, acute | IM24.13.2 | Describe and discuss |
| | care, stabilization, management, and | | clinical |
| W. stranger | rehabilitation of falls in the elderly | *** | presentation/outcomes |
| ****** | | | of falls in elderly and |
| | | | functional changes |
| | | IM24.13.3 | Discuss identification of |
| | | - | risk factors for falls in in |
| | | | elderly |
| | | IM24.13.4 | Describe and discuss |
| Jones | | 11444-11751.1 | acute care, stabilization, |
| man- | | | and management of falls |
| - | | | in elderly |
| · | | IM24.13.5 | Describe and discuss |
| b. properties | | 114154.12.2 | rehabilitation of in |
| NAMA Const | | | |
| | | 11111111111111 | elderly after falls Describe and discuss |
| IM24.14 | Describe and discuss the | IM24.14.1 | |
| · · | aetiopathogenesis, clinical presentation, | | common fractures in |
| | identification, functional changes, acute | - interesting | elderly |
| | care, stabilization, management and | | autuur ee |
| **** | rehabilitation of common fractures in the | | |
| The state of the s | elderiy | | |
| | | IM24.14.1 | Describe and discuss |
| | | | clinical presentation of |
| ********* | | | Common fractures in |
| nii waa | | | elderly and functional |
| Wareness . | | | changes |
| 400 | | IM24.14.2 | Describe and discuss |
| | | | identification of factors |
| | | | preventing fractures in |
| | A Parameter Control of the Control o | | elderly |
| | Company of the Compan | IM24.14.3 | Describe and discuss |
| | | 1 | acute care, stabilization, |
| | | | and management of |
| | | | elderly with fractures |
| | XX | IM24.14.4 | Describe and discuss |
| | | IIVIZH.IM,4 | rehabilitation of in |
| 1 | | | renadilitation of In |

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|) | | 1 | elderly with fractures |
|---------|--|--|-----------------------------|
| IM24.15 | Describe and discuss the | IM24.15.1 | Describe and discuss |
| | aetiopathogenesis, clinical presentation, | | causes of in visual loss in |
| | identification, functional changes, acute | | the elderly |
| Í | care, stabilization, management and | IM24.15.2 | |
| | rehabilitation of vision and visual loss in | 111121112312 | clinical presentation of |
| | the elderly | | visual loss in the elderly |
| | | | |
| . ! | | 11.40.1.47.0 | and functional changes |
| | *************************************** | IM24.15.3 | Describe and discuss |
| | | | identification of |
| | | | reversible causes of |
| | | | visual loss in elderly |
| | | IM24.15.4 | Describe and discuss |
| | | | acute care, stabilization |
| | | | and management of |
| | | | visual loss in the elderly |
| | | IM24.15.5 | Describe and discuss |
| | | In high degrada | rehabilitation of vision |
| | | No. | and visual loss in the |
| | | | elderly |
| M24.16 | Describe and discuss the principles of | IM24.16.1 | Describe and discuss |
| | physical and social rehabilitation, | | basic principles of |
| | functional assessment, role of | - | functional assessment in |
| | physiotherapy and occupational therapy | | elderly. |
| | in the management of disability in the | IM24.16.2 | Describe and discuss |
| | elderly | 114154'TO'S | |
| | · · · · · · · · · · · · · · · · · · · | location and the control of the cont | principals of social and |
| | | in address | ohysical rehabilitation of |
| | | | eiderly. |
| | | IM24.16.3 | Describe and discuss |
| | | X-80. 0 | concept of fragility and |
| | : | The second secon | aging |
| | | IM24.16.4 | Describe and discuss role |
| | | · | of physiotherapy and |
| | | 777 | occupational therapy in |
| | | | elderly |
| M24.17 | Describe and discuss the | IM24.17.1 | Describe and discuss |
| | aetiopathogenesis, clinical presentation, | | causes and pathogenesis |
| | identification, functional changes, acute | : | of hearing loss in the |
| | care, stabilization, management and | | elderly in |
| | rehabilitation of hearing loss in the | IM24.17.2 | Describe and discuss |
| - | elderly | ***** | clinical presentation of |
| | | - | hearing loss in the |
| 1 | i de la constante de la consta | *** | elderly and functional |
| | The state of the s | | changes |
| | | IM24.17.3 | Discuss identification of |
| | | | reversible causes of |
| | · · | | hearing loss in the |
| | | L | HEATING WAS BILLING |

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

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| IMZ4.22 | Describe and discuss the aetiopathogenesis, clinical presentation, | IM24,22.1 | medicolegal aspects and laws of our countries and others Describe and discuss causes of nutritional |
|---------|---|-----------|--|
| 25 | complications, assessment, and management of nutritional disorders in the elderly | IM24.22.2 | disorders in elderly Discuss pathogenesis of nutritional disorders in elderly |
| | | IM24.22.3 | Describe and discuss clinical presentation of nutritional disorders in elderly and related complications |
| | | IM24.22.4 | Describe and discuss diagnosis and assessment of nutritional disorders in elderly |
| | | IM24.22.5 | Describe and discuss management and rehabilitation of elderly with nutritional disorders |

25 Miscellaneous Infections

| Total Total Communication | Competency The student should be able to | de la constante de la constant | SLOs |
|--------------------------------|---|--|--|
| IM25.1 | Describe and discuss the response a Influence of host Immune status, ris factors and comorbidities on zoonor diseases (e.g. Leptospirosis, Rabies) non-febrile infectious disease (e.g. Tetanus) | k tic | What is the response and influence of host immunity on zoonotic diseases (e.g. leptospirosis, Rabies)? |
| | | IM25.1.2 | Enumerate the various risk factors for zoonotic diseases |
| STEROWERS A MERCHANIC WARRANCE | | IM25.1.3 | Response and influence of host immunity in a patient with comorbidities in zoonotic diseases |
| | | IM25.1,4 | |

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

He some ye

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| | of these diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and travel | | of the patient including demographic profile, symptoms, clinical course of the disease, past history and travel history. |
|--|---|------------|--|
| | | IM25.4.2 | Enumerate common causes of zoonotic diseases and their route of infection |
| A TOTAL TO JUST ALL EXAMPLES OF THE TOTAL TO JUST AND THE JUST AND THE TOTAL TO JUST AND THE JUST AND THE TOTAL TO JUST AND THE JUST AND THE TOTAL TO JUST AND THE TOTAL TO JUST AND THE TOTAL THE TOTAL TO JUST AND THE TOT | | IM25,4,3 | How to differentiate zoonotic and non-febrile infectious diseases from other common infections from history? |
| | | IM25.4.4 | Enumerate infections associated with travel |
| | | IM25,4.5 | Enumerate common infections associated with occupation |
| | | IM25.4.6 | What are the risk factors for zoonotic and non- febrile infectious diseases? |
| IM25.5 | Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin, mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen) | IM25.5.1 | Perform general physical examination including skin, hair, mucosa, nall and hygiene |
| | | IM25.5.2 | Demonstrate and record vitals of the patient and assess severity of the patient based on vitals |
| | | 11.556 = 0 | A THE RESIDENCE OF THE PARTY OF |
| | | IM25.5.3 | Demonstrate how to perform systemic examination of chest |
| | | IM25.5.3 | perform systemic |
| IM25.6 | Generate a differential diagnosis and | | perform systemic examination of chest Demonstrate how to perform systemic |

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| | rheumatologic causes | · · | and rheumatologic |
| | Theomasorogic causes | on and and and and and and and and and an | diseases? |
| <u></u> | | IM25.6.2 | Enumerate differential |
| | | 110125.0.2 | 1 |
| | | | diagnosis and priorities |
| | | | according to clinical |
| | | 1 | features of the patient |
| IM25.7 | Order and interpret diagnostic tests | IM25.7.1 | Enumerate the relevant |
| | based on the differential diagnosis | | blood investigations |
| | including: CBC with differential, blood | | based on differential |
| | biochemistry, peripheral smear, urinary | romano in | diagnosis |
| | analysis with sediment, Chest X ray, | | : |
| | blood and urine cultures, sputum gram | - | |
| | stain and cultures, sputum AFB and | K * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * | |
| | cultures, CSF analysis, pleural and body | *** | |
| | fluid analysis, stool routine and culture | 2000 | |
| m to | and QBC | | |
| | | JM25.7.2 | How will you interpret |
| | | | these blood |
| | | | investigations like |
| . : | | | CBC,peripheral smear |
| : | | | etc.? |
| | | IM25.7.3 | What other Radiological |
| | | 114123,7,0 | investigations are |
| | | | required and how they |
| | | | can be useful in making a |
| : | • | ariboca | diagnosis |
| | | INATE TA | Enumerate other |
| | | IM25.7.4 | |
| | | santos de como a | microbiological |
| | | | investigations required |
| BOOKER BOOKER BOOKER BOOKER | | | in for diagnosis |
| | • | IM25.7.5 | What are the body fluid |
| : | | | analysis investigations |
| | | Warman waren | and how are they useful |
| | 9 | | in making a particular |
| | | | diagnosis? |
| INI25.8 | Enumerate the indications for use of | IM25.8.1 | What are the newer |
| | newer techniques in the diagnosis of | | methods or |
| | these infections | | investigations for |
| | | | diagnosis of these |
| | , ¥ | | infections? |
| P 10 P | | IM25.8.2 | Enumerate the |
| | | March all and a second a second and a second a second and | indications for these |
| | | The state of the s | newer investigations |
| IM25.9 | Assist in the collection of blood and other | IM25.9.1 | Explain the steps for |
| 11416417 | specimen culture | 15595. 401. 47. 40 | taking a venous blood |
| : | shanitan entri a | | 1 |
| and a second second second second | | <u> Linnania iri</u> | <u>{ sample</u> |

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

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

26 Role of Physician in Community

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

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

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|---|--|--|--|
| | | IM26.8.1 | Enlist Ethical issues |
| | · | - | related to organ |
| | | 19425 0 2 | donation Describe Medicolegal |
| | i : | IM26.8.2 | issues related to organ |
| | | | donation |
| | | IM26.8.3 | Discuss Ethical and |
| | | 11412.0.0.5 | socioeconomic issues |
| | | | related to organ |
| | | | donation |
| IM26.9 | Identify, discuss and defend medicolegal, | IM26.9.1 | Define rights, equity and |
| | sociocultural, economic and ethical issues | *************************************** | justice in access to |
| | as it pertains to rights, equity and justice | | health care |
| | in access to health care | | |
| | | IM26.9.2 | Enumerate medicolegal, |
| | | PR. 7000000 | sociocultural, economic |
| | | A APPENDING | and ethical issues related to rights, equity |
| | • | and the second s | and justice in access to |
| | <u> </u> | Anna Panala Maria | health care |
| managaring water and the state of the state | The second secon | IM26.9.3 | Discuss medicolegal, |
| | | ENVIE GIVIE | sociocultural, economic |
| | | u-co-co-co-co-co-co-co-co-co-co-co-co-co- | and ethical issues |
| | | | related to rights, equity |
| | | | and justice in access to |
| | | <u> </u> | health care |
| | | IM26.9.3 | Defend medicolegal, |
| -, | | | sociocultural, economic |
| | | ** | and ethical issues |
| | | <u> </u> | related to rights, equity and justice in access to |
| | | | health care |
| IM26.10 | Identify, discuss and defend medicolegal, | IM26.10.1 | Define confidentiality in |
| HAITO'TA | socio-cultural and ethical issues as it | 11112012012 | patient care |
| | pertains to confidentiality in patient care | | |
| ence the threat of the second second | Section 2 Desires French Control Market Control Contro | IM26.10.2 | Identify medicolegal, |
| ľ. | | | socio-cultural and ethical |
| : | | | issues pertaining to |
| (2 | occupants of the second of the | | confidentiality in patient |
| | | · · · · · · · · · · · · · · · · · · · | care |
| | | IM26.10.3 | Discuss Medicolegal, |
| | | | socio-cultural and ethical |
| | | | issues pertaining to confidentiality in patient |
| | · · | | care confidentiality in patient |
| page quantum common common consequence | | IM26.10.4 | Defend Medicolegal, |
| | T. Action Control Cont | HAISD'TO'A | socio-cultural and ethical |
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| 10.40.4.4.4 | | - | issues pertaining to confidentiality in patien care |
|--|--|-----------|---|
| IM26.11 | identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to patient autonomy, patient rights and shared responsibility in health care | IM26.11.1 | Define Autonomy |
| | | IM26.11.2 | List patients' rights and shared responsibilities in health care |
| | | IM25.11.3 | Describe medicolegal, socio-cultural and ethica issues pertaining to patient autonomy. |
| | | IM26.11.4 | Discuss Medicolegal, socio-cultural and ethica issues pertaining to patient rights and shared responsibility in health care |
| M26.12 | Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making | IM26.12.1 | Define Advanced directives |
| | | IM26.12.1 | Define surrogate decision making |
| anempropries (1986 de 1980 m.) in de terrantemente entre | | IM26.12.2 | List medicolegal, socio- cultural and ethical issues Pertaining to decision making in health care |
| | | IM26.12.3 | Discuss medicolegal, socio-cultural and ethica issues Pertaining to decision making in health care |
| M26.13 | Identify, discuss and defend medicolegal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent | IM26.13.1 | Define Consent |
| The second secon | | IM26,13.2 | Identify situations where patients do not have the capability or |

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|--|--|--|----------------------------|
| | | | capacity to give consent |
| | • | IM26.13.3 | Discuss medicolegal, |
| | | | socio-cultural and ethic |
| | | this section is a second of the second of th | issues pertaining to |
| | | · · | decision making in |
| | • | A STATE OF THE STA | emergency care |
| IM26.14 | Identify, discuss and defend medicolegal, | IM26.14.1 | Identify medicolegal, |
| | and ethical issues as it pertains to research | 1 | issues as pertaining to |
| man subje | | | research in human |
| iiidii adoje | | | subjects |
| *************************************** | Appropries to the second of th | IM26.14.2 | Enumerate socio-cultur |
| | | \$3852.W.A.714. | issues related to |
| | | ringer. | research in human |
| | • | | subjects |
| | and the second s | 10.07.0 4.4.7 | List ethical issues relate |
| | · | IM26.14.3 | . 8 |
| | | * | to research in human |
| | | no consenso ana recessar | subjects |
| | | IM26.14.4 | Discuss medicolegal, |
| | | graph. | socio-cultural and ethic |
| | | | issues Pertaining to |
| | | No. | research in human |
| | | | subjects |
| IM26.15 | Identify, discuss and defend, | IM26.15.1 | Define Informed conse |
| | medicolegal,socio-cultural and ethical | | |
| | issues as they pertain to consent for | page 10 per | # # # |
| | surgical procedures | | |
| : 1 | | IM26.15.2 | Identify medicolegal |
| | | 444 | issues related to conser |
| | | | for surgical procedures |
| *************************************** | w day, the first the second section of the sectio | IM26.15.3 | Enumerate socio-cultur |
| - | • | | issues pertaining to |
| | | Divid DY A | consent for surgical |
| | | m annon | procedures |
| | | IM26.15.4 | List ethical issues |
| and the same of th | | | pertaining to consent for |
| Youth | | THE STATE OF THE S | surgical procedures |
| IM26.16 | Identify, discuss and defend medicologal, | IM26.16.1 | Identify, discuss and |
| HISSERVAU | socio-cultural, professional and ethical | 5 2 20 2 50 2 40 2 40 3 40 4 40 4 | defend medicolegal |
| | issues as it pertains to the physician | · · | issues as it pertains to |
| | patient relationship (including fiduciary | Atomic Address Atomic Address Atomic Address Atomic Address Atomic Atomic Address Atomic Atom | the physician patient |
| | duty) | unanwaaa | relationship |
| | PIMEN | IM26.16.2 | Identify, discuss and |
| | | INITO'TO'S | defend socio-cultural |
| | | · · | issues as it pertains to |
| | • | ea-co-week | |
| | | Additional | the physician patient |
| | anadari kananan aka sa mananan aka sa | | relationship |
| | 3 | IM26.16.3 | Identify, discuss and |

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| and the second | ************************************** | | defend ethical issues as |
|---|--|----------------|---|
| | | 1 | it pertains to the |
| | | | physician patient |
| | | 11.135.45.4 | relationship |
| : : | | IM26.16.4 | Identify, discuss and |
| 3 | | | defend professional |
| .} | | • | issues as it pertains to |
| į. | | ľ | the physician patient |
| IM26.17 | Identify, discuss physician's role and | IM26.17.1 | relationship |
| HAITO'T | responsibility to society and the | INIZO.17.1 | Identify physician's role |
| | community that she/ he serves | | towards society and |
| · · · · · · · · · · · · · · · · · · · | Community that she's he serves | IM26.17,2 | community |
| | | INIZO.17.Z | List responsibilities of a |
| | | | physician to society and |
| - | THE PROPERTY OF THE PROPERTY O | I IM26.17.3 | community |
| | | 11VIZD.17.5 | Discuss physician's role in society and |
| | | | |
| IM26.18 | Identify, discuss and defend medicologal, | IM26.18.1 | community What do you understand |
| 11716.W.EV. | socio-cultural, professional and ethical | HAISOTTOT | by "Physician-Industry |
| | issues in physicien- industry relationships | | relationship"? |
| *************************************** | issues in budarious, monstra securionalish? | M26.18.2 | Discuss the medicolegal |
| 1 | arran . | IWIZU.10.Z | aspects of physician- |
| | | | industry relationship |
| | | | with appropriate |
| | | | examples |
| | | IM26.18.3 | How does the industry |
| À | | 11712012010 | influence the |
| | | *** | professionalism of a |
| ide. | | | physician? |
| ernement in enternet de la faction | | M26.18.4 | Discuss the socio- |
| 1 | · | | cultural trend affecting |
| | · | P. Carlotte | the physician-industry |
| | | Negative 1 | relationship |
| M26.19 | Demonstrate ability to work in a team of | IM26.19.1 | Demonstrate ability of |
| | peers and superiors | | consulting your senior |
| 20 | | | regarding management |
| | Long the second of the second | | of a complicated case |
| | | -IM26.19.2 | Demonstrate ability to |
| * *** | | | work as a team leader in |
| | 1949 - 1 A | | an emergency situation |
| | | IM26.19.3 | Demonstrate ability of |
| | | | assisting your senior for |
| | | unious | an invasive bedside / |
| | | | emergency procedure |
| mortosition and a second | | | |
| IM26.20 | Demonstrate ability to communicate to | IM26.20.1 | Demonstrate the ability |

| | | | patient recently |
|--|--|--|--|
| | threatening, non-judgemental and | | diagnosed with an |
| 100 | empathetic manner | | incurable disease |
| | | 13437 30 3 | Demonstrate the ability |
| | | IM26.20.2 | to communicate with a |
| | | | patient of PLHA who has |
| | | | · · |
| | | | been working as a CSW Demonstrate the ability |
| IM26.21 | Demonstrate respect to patient privacy | IM26.21.1 | of attending a female |
| | | | patient in outpatient |
| | | | department |
| 44444 | * *** | IM26.22.1 | Demonstrate the ability |
| IM26.22 | Demonstrate ability to maintain | 11/120.22.1 | to attend a case of |
| | confidentiality in patient care | | recently diagnosed STD / |
| | | | • |
| ///////////////////////////////////// | | 16476 22 2 | Leprosy patient Demonstrate the ability |
| | | IM26.22.2 | to care for an HIV |
| | • | | patient who is |
| | | | accompanied by her |
| | | | mother-in-law |
| a on to have a constant of the constant of th | A PRINCIPAL OF THE PRIN | IM26.22.3 | Demonstrate the ability |
| | · | 110120.22.5 | to care for a patient with |
| | | | history of suicidal |
| | | | attempt |
| IM26.23 | Demonstrate a commitment to continued | IM26.23.1 | Enumerate the methods |
| HAING'ND | learning | 11012012012 | of continued learning |
| | ica: mg | on the second | and demonstrate the |
| | | | role of being a perpetual |
| | ··· | | student with examples |
| IM26.24 | Demonstrate respect in relationship with | IM26.24.1 | Demonstrate the ability |
| IMPRICA | patients, fellow team members, | | to attend an illiterate |
| | superiors and other health care workers | MANUAL PLANS | patient portraying |
| | | 333333 | respect in the |
| | | and the second s | conversation |
| IM26.25 | Demonstrate responsibility and work | IM26.25.1 | Demonstrate a clinical |
| 110100100 | ethics while working in the health care | | case scenario displaying |
| | team | a | the act of responsibility |
| | | AV-ABORRADO | while working in a |
| | en e | | healthcare team |
| haumanan sementeri et 1990 | A CONTROL OF THE PROPERTY OF T | IM26,25.2 | Demonstrate a clinical |
| | | · · | case scenario that |
| | | | represents various sides |
| | | | of work ethics among |
| | | | the health care team |
| | | land and the state of the state | members |
| IM26.26 | Demonstrate ability to maintain required | IM26.26.1 | Demonstrate the ability |
| | documentation in health care (including | *** | of making a case file of a |
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| Tompy - Western | correct use of medical records) | | MI patient in emergency ward |
|--|---|-----------|---|
| The Act of | | IM26.26.2 | Demonstrate the process of referring a patient to a higher centre |
| IM26.27 | Demonstrate personal grooming that is adequate and appropriate for health care responsibilities | 4 | Demonstrate the components of personal grooming and hygiene to be provided from the end of health care providers |
| | | IM26.27.2 | Demonstrate the components of aseptic precautions to be taken care of during invasive procedures |
| IM26.28 | Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning | IM26.28.1 | Demonstrate the ability to use telemedicine |
| 2000 - 100 mm | | IM26.28.2 | Demonstrate the ability to use Medical databases to search content for recent advances in a given topic |
| IM26,29 | Communicate diagnostic and therapeutic options to patient and family in a simulated environment | IM25.29.1 | Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of ischemic cardiomyopathy |
| | | IM26.29.1 | Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of malignancy |
| And Phylogenesis (1997) and the second secon | | IM26.29.2 | Demonstrate the ability to communicate diagnostic and therapeutic options in a patient of autoimmune disease |
| IM26.30 | Communicate care options to patient and family with a terminal illness in a simulated environment | IM26.30.1 | Demonstrate the ability to break a bad news (terminal illness) to a patient/ family |

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| · | The state of the s | IM26.30.2 | Demonstrate the ability |
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| et i | THE PROPERTY OF THE PROPERTY O | | to break a communicate |
| | ************************************** | | care options in terminal |
| | | | Illness to patient/ family |
| IM26.31 | Demonstrate awareness of limitations | IM26.31.1 | Demonstrate the ability |
| 15 | and seeks help and consultations | | to consult and seek help |
| | appropriately | | from a superior |
| 1. | | | colleague for a difficult |
| | | IM26.31.2 | Case Demonstrate the ability |
| | | 110120.31.2 | to consult and seek help |
| | | | from another |
| | | | department |
| IM26.32 | Demonstrate appropriate respect to | IM26.32.1 | Demonstrate the ability |
| 4 T T 6 D 1 To 7 4 W 1 M | colleagues in the profession | | to deal with professional |
| | and the same of th | | envy |
| | | IM26.32.2 | Demonstrate the ability |
| . : | | | to deal with healthcare |
| | | | concerns of a colleague |
| IM26.33 | Demonstrate an understanding of the | IM26.33.1 | Demonstrate the ability |
| | implications and the appropriate | 790 milion 1 | to discuss errors with |
| , | procedures and response to be followed | PALL PARTY AND ADDRESS OF THE PARTY AND ADDRES | colleagues/ superiors |
| | in the event of medical errors | na-ov-wood | and identify possible |
| | | | rectifications |
| | | IM26.33.2 | Demonstrate the ability |
| | | | to explain errors to patient/ relatives |
| and the state of t | | IM25.33.3 | Demonstrate the ability |
| | | HYLEGIJJIJ | to report errors and |
| | | - CONTRACTOR OF THE CONTRACTOR | handle court cases |
| IM26.34 | Identify conflicts of interest in patient | IM.26.34.1 | Discuss and identify |
| 4 + 4 4 400 20 4 20 . 12 | care and professional | 10,00 | conflict of interest in |
| ** | ्र का कारत देश विद्या के त्या है का भोगान देश पर का | | oatient care and |
| | relationships and describe the correct | | professional |
| | response to these conflicts | The second secon | relationship. |
| | - | Consideration . | i ciorminih |
| | | IM.26.34.2 | Identify conflict of |
| | | | interest in patient care |
| | · Carana | | and professional |
| | | | relationship. |
| | | | i a latinii liipi |
| | | IM.26.34.3 | Describe correct |
| f | | an sawet men | response to these |
| | MANAGEMENT AND | We will be a second | conflicts. |
| | James Control of the | | |
| IM26.35 | Demonstrate empathy in patient | IM.26.35.1 | Discuss empathy |
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| | encounters | | towards patients. |
| | The state of the s | IM.26.35.2 | Demonstrate empathy ir patient encounter in rea life scenarios like breaking bad news using role play. |
| IM26.36 | Demonstrate ability to balance personal | IM.26.36.1 | Discuss balance betweer |
| The state of the s | and professional priorities | And the state of t | personal life and professional priorities. |
| <u> </u> | | IM.26.36.2 | Demonstrate ability to |
| | | The control of the co | balance personal and professional priorities through panel discussion/role play |
| IM26.37 | Demonstrate ability to manage time | IM.26.37.1 | Discuss importance of |
| | appropriately | e entre entr | time management |
| | | IM.26.37.2 | Demonstrate ability to manage time through skit/role play. |
| IM26.38 | Demonstrate ability to form and function | IM.26.38.1 | Discuss the importance |
| | in appropriate professional networks | | of professional network |
| | | IM.26.38.2 | Demonstrate ability to form and function in appropriate professional network through skit/mock seminars |
| IM26.39 | Demonstrate ability to pursue and seek | IM.26.39.1 | Demonstrate ability to |
| AND THE STATE OF T | career advancement | | pursue and seek career advancement |
| IM26.40 | Demonstrate ability to follow risk | IM.26.40.1 | Discuss risk managemen |
| The state of the s | management and medical error reduction practices where appropriate. | No. | and medical error. |
| ~~~~ | | IM.26.40.2 | Demonstrate risk |
| | | | |

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| IM26.41 Demonstrate ability to work in a mentoring relationship with junior colleagues IM.26.41.1 Demonstrate ability to work in a mentoring in men | nce of edical entoring h junior gh skit. |
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| mentoring relationship with junior colleagues IM.26.41.2 Demonstrate m relationship with | edical entoring h junior gh skit. |
| mentoring relationship with junior colleagues IM.26.41.2 Demonstrate m relationship with | edical entoring h junior gh skit. |
| colleagues practice IM.26.41.2 Demonstrate m relationship with | entoring h junior gh skit. |
| IM.26.41.2 Demonstrate m relationship with | h junior gh skit. |
| relationship wit | h junior gh skit. |
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| colleggue through | |
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| IM26.42 Demonstrate commitment to learning IM.26.42.1 Discuss commit | ment to |
| and scholarship learn | |
| IM,26.42.2 Disuses scholars | :hine |
| available for me | - |
| students. | |
| Stuctits. | |
| IM.26.42.3 Demonstrate ro | le of |
| scholarship thro | ough a |
| short seminar. | |
| | 540 4 0000000000000000000000000000000000 |
| IM.26.42.4 Demonstrate | |
| commitment to | learning |
| via skit | |
| IM26.43 Identify discuss, and defend IM.26.43.1 Identify medico | Jeosi |
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| substanting the state of the st | |
| surrogate motherhood surrogate moth | emood. |
| IM.26.43.2 Discuss medical | legal, |
| sociocultural, a | nd ethical |
| issues pertainin | |
| donor insemina | |
| surrogate moth | |
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| IM.26.43.3 Defend medico | |
| sociocultural, a | |
| issues pertainin | ig to |
| donor insemina | ition and |
| surrogate moth | ierhood |
| | .1 |
| IM25.44 Identify, discuss and defend medicolegal, IM.26.44.1 Identify medicolegal | ** |
| socio-cultural professional and issues sociocultural, a | na ethical |

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| | pertaining to ethical medical negligence | Annual contract of the contrac | issues pertaining to ethical medical negligence |
|--|--|--|---|
| 14627 | | IM.26,44.2 | Discuss medicolegal, sociocultural, and ethical issues pertaining to ethical medical negligence |
| | | IM.26,44.3 | Defend medicolegal, sociocultural, and ethical issues pertaining to ethical medical negligence |
| IM26.45 | Identify, discuss, and defend medicolegal, socio-cultural professional and ethical issues pertaining to malpractice | IM.26.45.1 | Identify medicolegal, sociocultural, and ethical issues pertaining to malpractice. |
| | | IM.26.45.2 | Discuss medicolegal, sociocultural, and ethical issues pertaining to ethical malpractice. |
| The second second of the second secon | | IM.26.45.3 | Defend medicolegal, sociocultural, and ethical issues pertaining to malpractice |
| IM26.46 | Identify, discuss, and defend medicolegal, socio-cultural professional and ethical issues in dealing with impaired physicians | IM.26.46.1 | Identify medicolegal, sociocultural, and ethical issues pertaining to impaired physicians. |
| | | IM.26.46.2 | Discuss medicolegal, sociocultural, and ethical issues pertaining to impaired physicians |
| 100 May 100 Ma | | IW.26,46.3 | Defend medicolegal, sociocultural and ethical |

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| Merchinen | | | issues pertaining to |
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| 800000 | | an way green | impaired physicians |
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| | | <u> </u> | A constant and a cons |
| M26.47 | Identify, discuss, and defend | IM.26.47.1 | Identify medicolegal, |
| | medicolegal, socio-cultural, and ethical | | socio-cultural, and |
| | issues as they pertain to refusal of care | | ethical issues as they |
| · · | including do not resuscitate and | | pertain to refusal of care |
| | withdrawal of life support | | including do not |
| and the same of th | | | resuscitate and |
| - Special Control of the Control of | | | withdrawal of life |
| | | | support |
| | | | Prince of a second section of |
| | | IM.26.47.2 | Discuss medicolegal, |
| - | | | socio-cultural, and |
| | | | ethical issues as they |
| | | | pertain to refusal of car |
| a service de la constante de l | | | including do not |
| ļ | | | resuscitate and |
| | | - Constitution of the Cons | withdrawal of life |
| | | | support |
| MANAGEMENT SECTION SEC | | IM.26.47.3 | Defend/Justify |
| | | 1101.20.47.5 | medicolegal, socio- |
| | | | cultural, and ethical |
| | ₹, | | issues as they pertain to |
| | | | refusal of care including |
| | | in the second | do not resuscitate and |
| | | * | withdrawal of life |
| | | · · | |
| | | - | support |
| INI26,48 | Demonstrate altruism | IM.26.48.1 | Demonstrate altruism |
| A A SHARE WAY TO SHARE THE | | IM.26.49.1 | Describe informed |
| IM26.49 | Administer informed consent and | 11V1.20.43.1 | consent for a research |
| | appropriately address patient queries to | | and address patient |
| | a patient being enrolled in a research | | quarries of |
| | protocol in a simulated environment | | patient/participant bei |
| | · | | enrolled |
| | | | 1 emoneu |
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| and the second s | The second secon | IM.26.49.2 | |
| and the second s | | IM.26.49.2 | Demonstrate informed consent and |

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| | | | | | patient queries to a patient being enrolled in | 1 |
| | | | The state of the s | | a research protocol in a | • |
| | | | | | simulated environment | |
| . 11 | p | | 23 | IM.26.49.3 | Administer informed consent and | |
| | . 4 | | manager franch | | appropriately address | |
| | | | Vi | | patient queries to a patient being enrolled in | A.(************************************ |
| | | | MOTOR CALLS COMA | | a research protocol in a | |
| | | T7.7*********************************** | | | simulated environment | |
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| extutivity Lat 17 | APPEN | DIX — III | | |
|--|--|--|--|-----|
| 46 | LOGBOOK | (MEDICINE) | - (PAGES 1 | -13 |
| | | LOGBOOK | | |
| | DEPART | MENT OF MEDICINE | | |
| 2 | (COMPETENC | CY BASEDCURRICULUM) | | |
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GENERAL INSTRUCTIONS

- 1) The logbook is a record of the academic / co-curricular activities of the designated student, who would be responsible for maintaining his/her logbook.
- 2) The student is responsible for getting the entries in the logbook verified by the Faculty in charge regularly.
- 3) Entries in the logbook will reflect the activities undertaken in the department & have to be scrutinized by faculty.
- 4) The logbook is a record of various activities by the student like:
- Overall participation & performance Attendance Participation in sessions Record of completion of pre-determined activities. Acquisition of selected competencies
- 5) The logbook is the record of work done by the candidate in that department / specialty and should be verified by the college before submitting the application of the students for the University examination.

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Self-Declaration Form

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| Contact No. (Student) | Contact No. (Parents) |

- 1.As per MCI Guidelines Regulations on GME 1997 in Gazette of India Amendment Notification No. MCI-34(41)/2019-Med/161726 (dated 06.11.2019) Chapter VI Assessment:
- a)11.1.1.(a)(1): Attendance requirements are 75% in theory and 80% in practical/clinical. In subjects that are taught in more than one phase—the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject.
- b)11.1.1(b)(5): Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
- 3.If I have not fulfilled the above criteria, Institute will not forward/recommend my name to appear for University Examination.
- 4.If I am detained due to lack of attendance or failing in internal assessment, I cannot appear in university supplementary examination unless I improve my performance. If I Fail to improve my performance then I will be not be eligible to appear in university exam with my batch.

SIGNATURE OF STUDENT

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INDEX

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

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Abbreviations:

Attempt at activity by learner:

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

Rating - Use one of three grades:

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

Decision of the teacher

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

COMPETENCIES REQUIRING CERTIFICATION

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

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COMPETENCIES REQUIRING LOG BOOK DOCUMENTATION

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

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COMPETENCIES REQUIRING LOG BOOK DOCUMENTATION

| | Date Completed dd.mm.yy | Attempt at activity F/R/Re | Rating B/M/E | Decision of faculty C/R/Re | Initial of faculty and date | Feedback Received Initial of learner |
|---|--|---|--|---|-----------------------------|--|
| IM3.8 Demonstrate in a | | | | | | a . |
| mannequin and interpret results of | | | | | | |
| an arterial blood gas examination. | | | and the state of t | | | |
| (DOAP) | to the state of th | | disappage di la constanti di l | No. | | |
| IM3.9 Demonstrate in a | | | | | | |
| mannequin and interpret results of | *************************************** | | | | | |
| a pleural fluid aspiration. (DOAP) | | | | ***** | | |
| IM10.21 Describe and discuss the | | | | | | |
| indications for end insert a | | | | | | |
| peripheral intravenous catheter. | · Constitution of the Cons | | | | | |
| (DOAP) | | ************************************** | <u> </u> | | | |
| IM 17.19 Demonstrate in a model | | | | | | |
| the correct technique to perform a | | | | | | |
| lumbar puncture. IM3.10, Demonstrate the correct | | | | | | |
| technique in a mannequin and | - | | | | | |
| interpret results of a blood culture. | | | and the second | | | |
| (DOAP) | AND THE PROPERTY OF THE PROPER | | | | | |
| IM20.2 Describe, demonstrate in | | | | | | |
| a volunteer or a mannequin and | | | | | <u>.</u> | |
| educate (to other health care | | | | | | |
| workers / patients) the correct | 9 | | | | | |
| initial management of patient with | **** | | *** | | | |
| a snake bite in the field. (DOAP) | | | <u></u> | | | |
| IM23.5 Counsel and communicate | | | | | | |
| to patients in a simulated | | | Verdermänd 2000 | | | |
| environment with illness on an | | | | ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO | | |
| appropriate balanced diet. (DOAP) | | | | | | · |
| IM4.17 Observe and assist in the | <u></u> | *************************************** | | | | CONTROL AND DESCRIPTION OF THE PROPERTY OF THE |
| performance of a bone marrow | ô-shoosaanni | | - | | | |
| aspiration and biopsy in a | ×0000000000000000000000000000000000000 | *************************************** | - | | | |
| simulated environment. (DOAP) | *************************************** | | AND THE PERSON NAMED IN COLUMN | | | |
| IM26.29Communicate diagnostic | | **** | | *************************************** | | |
| and therapeutic options to patient | | | The state of the s | | | |
| and family in a simulated | | | elle reproduce | | | |
| environment. (DOAP) | | | | <u> </u> | L | |

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COMPETENCIES WITH CERTIFIABLE PROCEDURAL SKILLS

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

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| | Date Completed dd.mm.yy | Attempt at activity F/R/Re | Rating B/M/E | Decision of faculty C/R/Re | Initial of faculty and date | Feedback Received Initial of learner |
|--|--|--|---|--|--|--|
| Venipuncture (I) | -genegoragonagograpganganoskippengidikkokalahkilgi (n. 1 | | | | | · |
| Intramuscular injection (I) | | | | - | | |
| Intradermal injection (D) | | | | | | |
| Subcutaneous injection (I) | | | | | | 1 |
| Intra Venous (IV) injection (l) | | | | - | - | |
| Setting up IV infusion and calculating drip rate (I) | Outed to the state of the state | | | ť | | - Andrewski state of the state |
| Blood transfusion (O) | | | | | | |
| Urinary catheterization (D) | | | | | <u></u> | |
| Basic life support (D) | | | | | | Table Policies Communication C |
| Oxygen therapy (I) | | | | | | |
| Aerosol therapy / nebulization (I) | ing yaan gebeluna di didika da yaga di da da yaga da da ya da da ya da | | | | | |
| Ryle's tube insertion (D) | | | | | 04.44.00000000000000000000000000000000 | |
| Lumbar puncture (O) | | | | see transportung areas and the second development and the second areas and the second areas are second as a second areas are second are second areas are second are second areas areas areas areas a | | |
| Pleural and ascitic aspiration (O) | | | e ' | | | |
| Cardiac resuscitation (D) | enemente de la companya de la compa | A Parameter and A Parameter an | | | | The state of the s |
| Peripheral blood smear interpretation (I) | igan nganggan dan nganggan ng man man man ng man nganggan ng man ng m | | manana a saamuu (CCC) ii iibiiniddidd (CCC) iibiiniddidd (CCC) iibiiniddidd (CCC) iibiiniddidd (CCC) iibiinid | And the second s | | |
| Bedside urine analysis (D) | ann an Air an Air ann an Air an Air ann an Air an Air ann an Air | | | | | |

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

RECORD OF CLINICAL CASE PRESENTAION IN PHASE 2

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

| S. NO | Date | Patient Name & ID | Diagnosis | Cnse Presented/Attended Write P/A | Instructor's Signature |
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RECORD OF CLINICAL CASE PRESENTAION IN PHASE 3 PART 2

| s. NO | Date | Patient Name & ID | Diagnosis | Case Presented/Attended | Instructor's Signature |
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ASSESSMENT - YG

THEORY EXAMINATION (200 MARKS)

PAPER I (100 MARKS)

PART I

20 MCQs

20 marks

(NO negative marks)

PART II

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(Not more than 200 words)

PART III

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(AT LEAST ONE AETCOM QUESTION)

(Not more than 200 words)

PAPER II (100 MARKS)

PART I

20 MCQs

20 marks

(NO negative marks)

PART II

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

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PART III

1 LONG QUESTION

10 MARKS

6 SHORT NOTES

6 X 5 = 30 MARKS

(Not more than 200 words)

-TB

- DERMATOLOGY
- PSYCHIATRY

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

1 AETCOM QUESTION

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PRACTICAL EXAMINATION

1. ONE LONG CASE

80 MARKS

Long Case 70 marks
AETCOM 10 marks

.

40 MARKS

3. ANALYTICAL OSCE

2. ONE SHORT CASE

40 MARKS

8 STATIONS OF 5 MARKS EACH

1 ECG

1 CXR

1 ABG

1 CSF / OTHER CLINICAL INVESTIGATION INTERPRETATION

1 PRESCRIPTION WRITING

1MICROSCOPIC PICTURE / SLIDE

1 DERMATOLOGY PICTURE

1 AETCOM

4. TABLE VIVA

2 VIVA

2 X 20 = 40 MARKS

1 VIVA - DRUGS AND INSTRUMENTS

1 VIVA - EMERGENCIES

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S. Anurascha

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Internal Assessment Marks for General Medicine

| Table 5: Distribution of Internal assessment mark | S across nhaces |
|---|-----------------|
|---|-----------------|

| Phase | New William Bu | , | |
|----------------|----------------|----------|----------------------|
| | Theory | Drac | tical/ Clinical |
| Phase 2 | 20 | 70 | rical/ Cillicals 198 |
| Phase 3 Part 1 | 40 | 20 | |
| Phase 3 Part 2 | 60 | 40 | |
| Sent Up | 60 | 60 | |
| Log Book | | 60 | |
| Total | 20 | <u> </u> | |
| TOTAL | 200 | 200 | |
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S. Anumadha

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