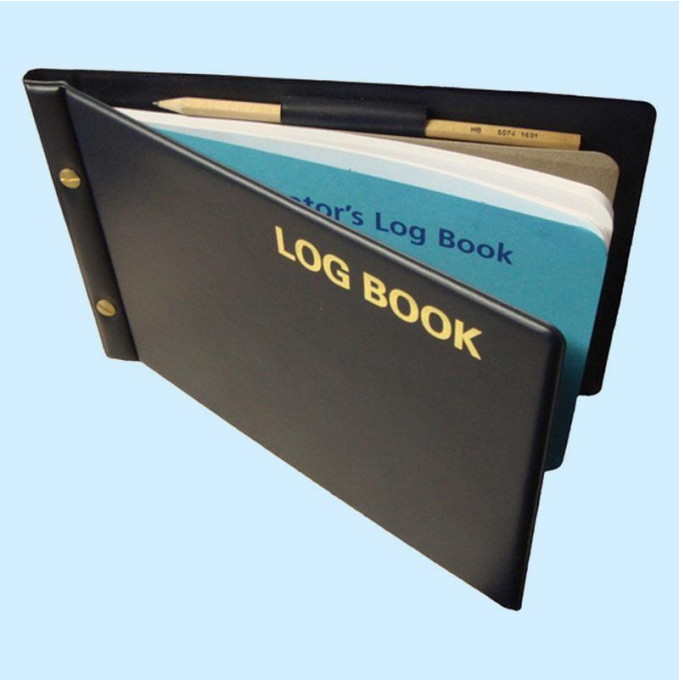
UNIVERSITY RESIDENCY PROGRAM -2019
LOGBOOKFORNEPHROLOGY
RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



"Wherever the art of Medicine is loved, there is also a love of Humanity."
— Hippocrates

PREFACE

Thehorizonsof*MedicalEducation*arewidening&therehasbeenasteadyriseofglobalinterestin*PostGraduateMedicalEducation*,an increasedawarenessofthenecessityforexperienceineducationskillsforallhealthcareprofessionalsandtheneedforsomeformalrecognition ofpostgraduatetraininginInternalMedicine.

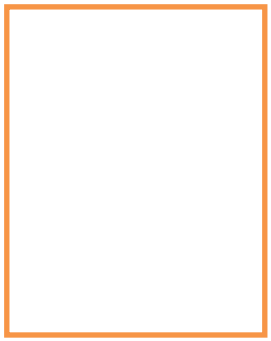
Weareseeingariseintheuptakeofplacesonpostgraduatecoursesinmedicaleducation,morefrequentissuesofmedicaleducationjournals andthefurtherdevelopmentofe-journalsandothernewonlineresources.Thereisthereforeaneedtoprovideactivesupportin*PostGraduate MedicalEducation*foralarger,nationalgroupofcolleaguesinallspecialtiesandatallstagesoftheirpersonalprofessionaldevelopment.Ifwe weretoformulateastatementofintenttoexplainthepurposeofthislogbook,wemightsimplysaythatouraimistohelpclinicalcolleaguesto teachandtohelpstudentstolearninabetterandadvancedway.Thisbookisastateoftheartlogbookwithrepresentationofallactivitiesof theMDInternalMedicineprogramatRMU.Asummaryofthecurriculumisincorporatedinthelogbookforconvenienceofsupervisorsand residents.MDcurriculumisbasedonsixCoreCompetenciesofACGME***(AccreditationCouncilforGraduateMedicalEducation)***including ***Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills***. A perfectmonitoringsystemofatrainingprogramincludingmonitoringofteachingandlearningstrategies,assessmentandResearchActivities cannotbedeniedsoweatRMUhaveincorporatedevaluationby***QualityAssuranceCell***anditscommentsinthelogbookinadditionto evaluationby***UniversityTrainingMonitoringCell(URTMC)***.Reflectionofthesupervisorineachandeverysectionofthelogbookhasbeen madesuretoensuretransparencyinthetrainingprogram.ThemissionofRawalpindiMedicalUniversityistoimprovethehealthofthe communitiesandweservethrougheducation,biomedicalresearchandhealthcare.Asanintegralpartofthismission,importanceofresearch cultureandestablishmentofacomprehensiveresearchstructureandresearchcurriculumfortheresidentshasbeenformulatedandaseparate journalforresearchpublicationsofresidentsisavailable.

Prof. MuhammadUmar (Sitara-e-Imtiaz)*(MBBS, MCPS,FCPS,FACG,FRCP(Lon),F RCP(Glasg),AGAF)*
ViceChancellor
RawalpindiMedicalUniversity &AlliedHospitals

CONTRIBUTIONS

SR.NO	NAME & DESIGNATION		CONTRIBUTIONSINFORMULATIONOFLOGBOOKOFMEDICINE&ALLIED
1.		**DR SAMIA SARWAR, MBBS. FCPS** Head & Professor of Department of Physiology, Rawalpindi Medical University, Old Campus	Overallsynthesis,structuring&overallwriteupofMDInternalMedicine Curriculum,LogBookofMDInternalMedicine&AlliedandalsoLogBookfor MDInternalMedicinerotationsunderguidanceofProf.MuhammadUmarVice Chancellor,RawalpindiMedicalUniversity,Rawalpindi. AlsoProofreading&synthesisoffinalprintversionofLogBooksofMD Medicine&AlliedandRotationsLogBook.
2.		**DR BUSHA KHAR, MBBS.FCPS** Ex-Professor of Medicine HeadDepartmentofGastroenterology Holy FamilyHospital Rawalpindi	GuidanceregardingtechnicalmattersofLogBookofMDMedicine&Allied&LogB ookforMDInternalMedicineRotations.
3.		**DR MUHAMMAD KHURRAM, MBBS.FCPS** ProfessorofMedicine DeanofMedicineRMU	Provisionofrequirednumberofclinicalprocedures&educationalactivitiesfor eachyearseparatelyandrotationofLogBooksofMDMedicine&Allied&Log BookforMDInternalMedicinerotation.
4.		Dr.NAVEED SARWAR, MBBS MD (NEPHROLOGY) ASSISTANT PROFESSOR OF NEPHROLOGY HEAD OF NEPHROLOGY DEPARTMENT RMU	Assistance in formulating the logbooks & computer work
5.		**DR NAUREEN CHAUDHRI,MBBS, FCPS(MEDICINE),FCPS(NEPHROLOGY)** Assistant professor of Nephrology, RMU	Assistance in formulating the logbooks & computer work .

ENROLMENT DETAILS



ProgramofAdmission_____

Session_____

Registration / TrainingNumber_____

NameofCandidate_____

Father'sName_____

DateofBirth_____/_____/_____ CNICNo._____

PresentAddress_____

_____

PermanentAddress_____

_____

E-mailAddress_____

CellPhone_____

DateofStartofTraining_____

DateofCompletionofTraining_____

NameofSupervisor_____

DesignationofSupervisor_____

Qualification ofSupervisor_____

Titleofdepartment/Unit_____

NameofTrainingInstitute/Hospital _____

Sr. No	Discipline
1.	*Critical Care Unit (intensive care unit –ICU) & emergency Medicine*
2.	*Coronary Care Unit*
3.	*Ambulatory Medicine*
4.	*Cardiology*
5.	*Dermatology*
6.	*Endocrinology*
7.	*Gastroenterology*
8.	*General Medical Consult Service*
9.	*Neurology*
10.	*Psychiatry*
11.	*Radiology*
12.	*Haem-oncology*
13.	*Infectious diseases*
14.	*Nephrology*
15.	*Pulmonary and Critical Care Medicine*
16.	*Rheumatology*
17.	*Emergency Medicine*
18.	*Geriatrics*

Please write your discipline on the line below:

_____

INTRODUCTION

Itisastructuredbookinwhichcertaintypesofeducationalactivitiesandpatientrelatedinformationisrecorded,usuallybyhand. Logbooksareusedallovertheworldfromundergraduatetopostgraduatetraining,inhuman,veterinaryanddentalmedicine, nursingschoolsandpharmacy,eitherinpaperorelectronicformat.

Logbooksprovideaclearsettingoflearningobjectivesandgivetraineesandclinicalteachersaquickoverviewoftherequirements oftrainingandanideaofthelearningprogress.Logbooksareespeciallyusefulifdifferentsitesareinvolvedinthetrainingtoseta (minimum)standardoftraining.Logbooksassistsupervisorsandtraineestoseeatoneglancewhichlearningobjectiveshavenotyet beenaccomplishedandtosetalearningplan.Theanalysisoflogbookscanrevealweakpointsoftrainingandcanevaluatewhether traineeshavefulfilledtheminimumrequirementsoftraining.

Logbooksfacilitatecommunicationbetweenthetraineeandclinicalteacher.Logbookshelptostructureandstandardizelearningin clinicalsettings.Incontrasttoportfolios,whichfocusonstudents'documentationandself-reflectionoftheirlearningactivities, logbookssetclearlearningobjectivesandhelptostructurethelearningprocessinclinicalsettingsandtoeasecommunication betweentraineeandclinicalteacher.Toimplementlogbooksinclinicaltrainingsuccessfully,logbookshavetobeanintegratedpart ofthecurriculumandthedailyroutineontheward.Continuousmeasuresofqualitymanagementarenecessary.

Reference

BraunsKS,NarcissE,SchneyinckC,BöhmeK,BrüstleP,HolzmannUM,etal.Twelvetipsforsuccessfullyimplementinglogbooksin clinicaltraining.MedTeach.2016Jun2;38(6):564–569.

INDEX OF LOG:

MINIMUM LOG BOOK ENTERIES PER MONTH IN GENERAL

(Thisminimumnumberisbeingprovidedforuniformityofthetrainingandconvenienceformonitoringoftheresident'sperformanceby QualityAssuranceCell&UniversityResearchTraining&MonitoringCellofRMUbutresidentisencouragedtoshowperformanceabovethis minimum requirednumber)

SR.NO	ENTRY	Minimum cases /Time duration
01	Case presentation	01 per month
02	Topic presentation	01 per month
03	Journal club	01 per month
04	Bed side teaching	10 per month
05	Large groupteaching	06 per month
06	Emergency cases	10 per month
07	OPD	50 per month
08	Indoor (patients allotted)	8permonthplusparticipationindaily Morning&Eveningrounds
09	Directlyobservedprocedures	6-10 per month
10	CPC	02 per month
11	Mortality & Morbidity meetings	02 per month

MISSION STATEMENT

The mission of Nephrology Residency Program of Rawalpindi Medical University is:

1. Toprovideexemplarymedicalcare,treatingallpatientswhocomebeforeuswithuncompromisingdedicationandskill.
2. Tosetandpursuethehighestgoalsforourselvesaswelearnthescience,craft,andartofMedicine.
3. Topassionatelyteachourjuniorcolleaguesandstudentsaswehavebeentaughtbythosewhoprecededus.
4. Totreatourcolleaguesandhospitalstaffwithkindness,respect,generosityofspirit,andpatience.
5. Tofostertheexcellenceandwell-beingofourresidencyprogrambygenerouslyofferingourtime,talent,andenergyonitsbehalf.
6. Tosupportandcontributetotheresearchmissionofourmedicalcenter,nation,andtheworldbypursuingnewknowledge,whetherat thebenchorbedside.
7. Topromotethetranslationofthelatestscientificknowledgetothebedsidetoimproveourunderstandingofdiseasepathogenesisand ensurethatallpatientsreceivethemostscientificallyappropriateanduptodatecare.
8. Topromoteresponsiblestewardshipofmedicalresourcesbywiselyselectingdiagnostictestsandtreatments,recognizingthatour individualdecisionsimpactnotjustourownpatients,butpatientseverywhere.
9. Topromotesocialjusticebyadvocatingforequitablehealthcare,withoutregardtorace,gender,sexualorientation,socialstatus,or ability topay.
10. Toextendourtalentsoutsidethewallsofourhospitalsandclinics,topromotethehealthandwell-beingofcommunities,locally, nationally, andinternationally.
11. ToserveasproudambassadorsforthemissionoftheRawalpindiMedicalUniversityMDinternalMedicineResidencyProgramforthe remainderofourprofessionallives.

CLINICALCOMPETENCIESFOR1ST,2ND,3RD,4TH& 5th YEARMDTRAINEESMEDICINE

CLINICALCOMPETENCIES\SKILL\PROCEDURE

Theclinicalcompetencies,aspecialistmusthave,arevariedandcomplex.Acompletelistoftheskillsnecessaryfortraineesand trainersisgivenbelow.Thelevelofcompetencetobeachievedeachyearisspecifiedaccordingtothekey,asfollows:

1. Observerstatus
2. Assistantstatus
3. Performed undersupervision
4. Performed under indirectsupervision
5. Performedindependently

Note: Levels 4 and 5 for practical purposes are almost synonymous

PROCEDURES	First Year								
	3Months		6Months		9Months		12Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Pleural Aspiration	1,2	6	3	6	4	6	4	7	25
Peritoneal Aspiration	1,2	6	3	6	4	6	4	7	25
Lumbar puncture	1	4	2	4	3	4	4	3	15
Nasogastric Intubation	1,2	12	3	12	4	12	4	14	50
Uretheral catheterization	1,2	12	3	12	4	12	4	14	50
Recording and reporting ECG	1	25	2	25	3	25	4	25	100
Proctoscopy	-	-	1	1	1	1	1	1	3
Endotracheal Intubation	1	6	2	6	3	6	3	7	25
Cardio-Pulmonary Resuscitation(CPR)	1,2	4	3	4	3	4	3	3	15
Insertion of CVP lines	1	4	2	4	3	4	3	3	15
Arterial puncture	-	8	-	8	-	8	1	6	30
Urine Examination	3	1	3	1	3	1	3	1	4
Liver biopsy	1	1	2	1	2	1	2	1	4
Pleural biopsy	-	-	1	1	2	1	2	1	3
Joint aspiration	-	-	-	-	1	1	1	-	1
Bone marrow aspiration	-	-	1	1	1	1	1	1	3
Renal biopsy	-	-	-	-	1	1	1	1	2
Haemodialysis	-	-	1	1	1	1	2	1	3
Upper G.I. Endoscopy	-	-	-	-	1	1	1	1	2
Lower G.I. Endoscopy	-	-	-	-	-	-	1	1	1
Bronchoscopy	-	-	-	-	1	1	1	1	2
Abdominal Ultrasound	-	-	-	-	1	1	1	1	2
Exercise Tolerence Test	-	-	-	-	-	-	-	-	-
Echocardiography	-	-	-	-	1	1	1	1	2
CT Scan Head	-	-	1	1	1	1	1	1	3
EEG	-	-	-	-	-	-	-	-	-
EMG/NCS	-	-	-	-	-	-	-	-	-
Chest Intubation	-	-	-	-	-	-	-	-	-
Pericardiocentesis	-	-	-	-	-	-	-	-	-

PROCEDURES	Second Year				
	15 Months		18 Months		Total Cases
	Level	Cases	Level	Cases	6 Months
Rotations to be incorporated as and when available with the consent of respected supervisor					
Pleural Aspiration	4	12	4	13	25
Peritoneal Aspiration	4	1	4	1	25
Lumbar puncture	4	1	4	1	15
Nasogastric Intubation	4	1	4	1	50
Uretheral catheterization	4	1	4	1	50
Recording and reporting ECG	4	1	4	1	100
Proctoscopy	1	1	1	1	3
Endotracheal Intubation	3	1	3	1	25
Cardio-Pulmonary Resuscitation (CPR)	3	1	3	1	15
Insertion of CVP lines	3	1	3	1	15
Arterial puncture	2	1	2	1	30
Urine Examination	4	1	4	1	2
Liver biopsy	2	1	2	1	2
Pleural biopsy	2	1	2	1	2
Joint aspiration	1	-	1	1	1
Bone marrow aspiration	1	1	1	1	2
Renal biopsy	1	-	1	1	1
Haemodialysis	2	1	2	1	2
Upper G.I. Endoscopy	1	1	1	-	1
Lower G.I. Endoscopy	1	1	1	1	2
Bronchoscopy	1	1	1	-	1
Abdominal Ultrasound	1	1	1	1	2
Exercise Tolerence Test	1	1	1	1	2
Echocardiography	1	1	1	1	2
CT Scan Head	1	1	1	1	2
EEG	1	1	1	1	2
EMG/NCS	1	1	1	1	2
Chest Intubation	1	1	1	1	2
Pericardiocentesis	1	1	1	1	2

LOGBOOKENTERIESREQUIREMENTFOR3RDAND4THYEAR MD MEDICINETRAINEES

PROCEDURES	THIRD YEAR								
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	TotalCases inYear
Rotations to be incorporated as and when available with the consent of respected supervisor									
Pleural aspiration	4	2	4	2	4	2	4	2	8
Peritoneal aspiration	4	2	4	2	4	2	4	2	8
Lumbar puncture	4	1	4	1	4	1	4	1	4
Nasogastric intubation	4	2	4	2		1	4	1	6
Uretheral catheterization	4	2	4	2	4	1	4	1	6
Recording and reporting ECG	4	3	4	3	4	3	4	3	12
Proctoscopy	3	1	3	1	-	-	-	-	2
Endotracheal intubation	4	1	4	1	4	1	4	1	4
Insertion of CVP lines	4	2	4	2	4	2	4	2	8
Arterial puncture	3	1	3	1	-	-	-	-	2
Liver biopsy	3	1	3	1	-	-	-	-	2
Pleural biopsy	2	1	2	1	-	-	-	-	2
Joint aspiration	3	1	-	-	-	-	-	-	1
Bone marrow aspiration	2	1	-	-	-	-	-	-	1
Renal biopsy	-	-	-	-	2	2	-	-	2
Haemodialysis	2	2	-	-	2	2	-	-	4
Upper G.I. endoscopy	2	1	2	1	2	1	2	1	4

PROCEDURES	THIRD YEAR								
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Total Cases in Year
Rotations to be incorporated as and when available with the consent of respected supervisor									
Colonoscopy	2	1	2	1	-	-	-	-	2
Bronchoscopy	2	1	-	-	-	-	-	-	1
Abdominal ultrasound	1	1	1	1	1	1	2	1	4
Exercise tolerance test	1	1	1	1	1	1	2	1	4
Echocardiography	1	1	1	1	1	1	2	1	4
CAT scan Head,Thorax and Abdomen	1	1	1	1	1	1	2	1	4
Electroencephalography (EEG)	1	1	-	-	-	-	-	-	1
Electromyography/Nerve conduction studies (EMG/NCS)	1	1	-	-	-	-	-	-	1
Chest intubation	2	1	-	-	-	-	-	-	1

PROCEDURES	FOURTH YEAR				
	15 Months		18 Months		Total Cases in Year
	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor					
Pleural aspiration	4	2	4	2	4
Peritoneal aspiration	4	2	4	2	4
Lumbar puncture	4	1	4	1	2
Nasogastric intubation	4	10	4	10	20
Urethral catheterization	4	10	4	1	2
Recording and reporting ECG	4	10	4	2	4
Proctoscopy	4	1	4	1	2
Endotracheal intubation	4	1	4	1	2
Insertion of CVP lines	4	4	4	4	8
Arterial puncture	4	1	4	1	2
Liver biopsy	4	1	4	1	2
Pleural biopsy	3	1	3	1	2
Joint aspiration	4	2	4	2	4
Bone marrow aspiration	3	2	3	2	4
Renal biopsy	-	-	-	-	-
Haemodialysis	3	1	3	1	2
Upper G.I. endoscopy	3	2	3	2	4

PROCEDURES	FOURTH YEAR				
	15 Months		18 Months		TotalCasesin Year
	Level	Case	level	Case	
Rotations to be incorporated as and when available with the consent of respected supervisor					
Colonoscopy	2	1	2	1	2
Bronchoscopy	2	1	-	-	1
Abdominal ultrasound	2	2	2	2	4
Exercise tolerence test	2	2	3	2	4
Echocardiography	2	2	2	2	4
CAT scan head	2	2	2	2	4
Electroencephalography (EEG)	1	1	-	-	1
Electromyography/Nerve conduction studies (EMG/NCS)	1	1	-	-	1
Chest intubation	2	1	-	-	1
MRI Brain and Spine	1	1	1	1	2
Doppler ultrasound of limbs and neck	1	1	1	1	2

PROCEDURES	Level	Cases
ENDOCRINOLOGY		
Interpretation of thyroid function tests/ thyroid isotope scan / thyroid ultrasound /thyroid FNA-C	1,2,3	5+5+5
Interpretation of pituitary function tests /stimulation/suppression testing of pituitary	1,2,3	1+1+1
Interpretation of adrenal function tests /stimulation/suppression testing of adrenals	1,2,3	1+1+1
Evaluation of disorders of Gonadal dysfunction	1,2,3	1+1+1
Disorders of growth and sexual differentiation/development	1	1
(Interpretation of calcium metabolism (calcium and phosphorus lab tests	1,2,3	1+1+1
Interpretation of DEXA scan/MRI pituitary / MRI or CT Adrenals	1	1
Interpretation of glucose lab tests/HbA1c/OGTT for diagnosis of diabetes and its complications	1,2,3	10+10+10
Clinicalandlaboratoryevaluationofpatientswithdiabetestoevaluateglycemic,lipemic, hypertensionandobesitycontrolanditscomplications	1,2,3	10+10+10
Formulate a comprehensive management plan for patients with diabetes	1,2,3	10+10+10
Clinical and laboratory evaluation and management of patients with gestational diabetes	1,2,3	2+2+2
Prescribing and adjusting insulin for management with diabetes	1,2,3	2+2+2

PROCEDURES		
	Level	Cases
INTENSIVE CARE		
Endotracheal Intubation	4	6
Insertion of CVP line	4	6
Arterial puncture	3,4	4
Mechanical ventilation	3,4	4
Cardio Pulmonary Resuscitation (CPR)	3,4	4
Blood gases interpretation	4	4
CARDIOLOGY		
Thrombolysis in acute MI	4	6
Management of arrhythmias - Drug / Defibrillation	4	4
ECG recordings & reporting	4	6
Exercise tolerance test (ETT)	2,3	2
Echocardiography	1,2	4
Cardio Pulmonary	4	2
Resuscitation (CPR)		
PULMONOLOGY		
Pleural Aspiration	4	3
Pleural Biopsy	1	1
Chest Intubation	2	2
Bronchoscopy	2	2
Lung function test	2	2

PROCEDURES	Level	Cases
NEPHROLOGY		
Hemodialysis	2,3	6
Renal Biopsy	1	2
Insertion of double lumen catheter	3,4	4
Peritoneal Dialysis	2	2
PSYCHIATRY		
Psychotherapy Sessions	1	2

INTRODUCTION

CurriculumofMDInternalMedicineatRawalpindiMedicalUniversityisanimportantdocumentthatdefinestheeducationalgoalsofResidency TrainingProgramandisintendedtoclarifythelearningobjectivesforallinpatientandoutpatientrotations.Programrequirementsarebasedon theACGME(AccreditationCouncilforGraduateMedicalEducation)standardsforcategoricaltraininginInternalMedicine.Curriculumisbased on6corecompetencies.Detailofthesecompetenciesisasfollows

CORE COMPETENCIES

DetailsofTheSixCoreCompetenciesofCurriculumofMDInternalMedicineC OMPETENCYNO.1 PATIENT CARE(PC)

- **Gathersandsynthesizesessentialandaccurateinformationtodefineeachpatient'sclinicalproblem(s).(PC1)**
  - Collectsaccuratehistoricaldata
  - Usesphysicalexamtoconfirmhistory
  - Doesnotreliesexclusivelyondocumentationofotherstogenerateowndatabaseordifferentialdiagnosis
  - Consistentlyacquiresaccurateandrelevanthistoriesfrompatients
  - Seeksandobtainsdatafromsecondarysourceswhenneeded
  - Consistentlyperformsaccurateandappropriatelythoroughphysicalexams
  - Usescollecteddatatodefineapatient'scentralclinicalproblem(s)
  - Acquiresaccuratehistoriesfrompatientsinanefficient,prioritized,andhypothesis-drivenfashion
  - Performsaccuratephysicalexamsthataretargetedtothepatient'scomplaints
  - Synthesizesdatatogenerateaprioritizeddifferentialdiagnosisandproblemlist
  - Effectivelyuseshistoryandphysicalexaminationskillstominimizetheneedforfurtherdiagnostictesting
  - Obtainsrelevanthistoricalsubtleties,includingsensitiveinformationthatinformsthedifferentialdiagnosis
  - Identifiessubtleorunusualphysicalexamfindings
  - Efficientlyutilizesallsourcesofsecondarydatatoinformdifferentialdiagnosis
  - Rolemodelsandteachestheeffectiveuseofhistoryandphysicalexaminationskillstominimizetheneedforfurtherdiagnostictesting
- **Developsandachievescomprehensivemanagementplanforeachpatient.(PC2)**
  - Careplansareconsistentlyinappropriateorinaccurate
  - Doesnotreacttosituationsthatrequireurgentoremergentcare
  - DoesnotseekadditionalguidancewhenneededInconsistentlydevelopsanappropriatecareplan
  - Inconsistentlyseeksadditionalguidancewhenneeded
  - Consistentlydevelopsappropriatecareplan
  - Recognizessituationsrequiringurgentoremergentcare
  - Seeksadditionalguidanceand/orconsultationasappropriate
  - Appropriatelymodifiescareplansbasedonpatient'sclinicalcourse,additionaldata,andpatientpreferences
  - Recognizesdiseasepresentationsthatdeviatefromcommonpatternsandrequirecomplexdecision-making
  - Managescomplexacuteandchronicdiseases
  - Rolemodelsandteachescomplexandpatient-centeredcare

- Developscustomized,prioritizedcareplansforthemostcomplexpatients,incorporatingdiagnosticuncertaintyandcost effectivenessprinciples

- **Managespatientswithprogressiveresponsibilityandindependence.(PC3)**
  - Assumeresponsibilityforpatientmanagementdecisions
  - Consistentlymanagessimpleambulatorycomplaintsorcommonchronicdiseases
  - Consistentlymanagespatientswithstraightforwarddiagnosesintheinpatientsetting
  - Unabletomanagecomplexinpatientsorpatientsrequiringintensivecare
  - Requiresindirectsupervisiontoensurepatientsafetyandqualitycare
  - Providesappropriatepreventivecareandchronicdiseasemanagementintheambulatorysetting
  - Providescomprehensivecareforsingleormultiplediagnosesintheinpatientsetting
  - Undersupervision,providesappropriatecareintheintensivecareunitInitiatesmanagementplanforurgentoremergentcare
  - Independentlysupervisecareprovidedbyjuniormembersofthephysician-ledteam
  - Independentlymanagespatientsacrossinpatientandambulatoryclinicalsettingswhohaveabroadspectrumofclinicaldisorders including undifferentiatedsyndromes
  - Seeksadditionalguidanceand/orconsultationasappropriate
  - Appropriatelymanagessituationsrequiringurgentoremergentcare
  - Effectivelysupervisesthemanagementdecisionsoftheteam
  - Managesunusual,rare,orcomplexdisorders
- **Skillinperformingprocedures.(PC4)**
  - Doesnotattemptstoperformprocedureswithoutsufficienttechnicalskillorsupervision
  - Willingtoperformprocedureswhenqualifiedandnecessaryforpatientcare
  - Possessesbasictechnicalskillforthecompletionofsomecommonprocedures
  - Possessestechnicalskillandhassuccessfullyperformedallproceduresrequiredforcertification
  - Maximizespatientcomfortandsafetywhenperformingprocedures
  - Seekstoindependentlyperformadditionalprocedures(beyondthoserequiredforcertification)thatareanticipatedforfuture practice
  - Teachesandsupervisestheperformanceofproceduresbyjuniormembersoftheteam
- **Requestsandprovidesconsultativecare.(PC5)**
  - Isresponsivetoquestionsorconcernsofotherswhenactingasaconsultantorutilizingconsultantservices
  - Willingtoutilizeconsultantserviceswhenappropriateforpatientcare
  - Consistentlymanagespatientsasaconsultanttootherphysicians/healthcareteams
  - Consistentlyappliesriskassessmentprinciplestopatientswhileactingasaconsultant
  - Consistentlyformulatesaclinicalquestionforaconsultanttoaddress
  - Providesconsultationservicesforpatientswithclinicalproblemsrequiringbasicriskassessment
  - Asksmeaningfulclinicalquestionsthatguidetheinputofconsultants
  - Providesconsultationservicesforpatientswithbasicandcomplexclinicalproblemsrequiringdetailedriskassessment
  - Appropriatelyweighsrecommendationsfromconsultantsinordertoeffectivelymanagepatientcare

- Switchesbetweentheroleofconsultantandprimaryphysicianwithease
- Providesconsultationservicesforpatientswithverycomplexclinicalproblemsrequiringextensiveriskassessment
- Managesdiscordantrecommendationsfrommultipleconsultants

PatientCare PC-1

- **How ToTeach**
  - Discussionsinwardroundstoteachhistorytaking.
  - Discussionsinwardroundstoteachphysicalexamination.
  - Demonstrationinwardroundstoteachhistorytaking.
  - Demonstrationinwardroundstoteachphysicalexamination.
  - Discussionsinwardsofshortcases
  - Discussionsinwardsoflongcases
  - Simulatedpatient(inordertosimulateasetofsymptomsorproblems.)
  - Shouldwriteasummary(synthesizeadifferentialdiagnosis).
- **How ToAssess**
  - Discussionsinwardroundstoassesshistorytaking
  - Discussionsinwardroundstoassessphysicalexamination
  - Shortcasesassessmentthroughlongcases
  - Confirmationofphysicalfindingsbysupervisor
  - Confirmationofhistorybysupervisor.
  - OSPE

PatientCare PC-2

- **How ToTeach**
  - Residentshouldwritemanagementplanonhistorysheetandsupervisorshoulddiscussmanagementplan.
  - Residentshouldwriteinvestigationalplans,shouldbeabletointerpretwithhelp
  - ofsupervisor
  - Shouldbetaughtprioritizationofcareplansincomplexpatientbydiscussion.
- **How ToAssess**
  - Longcasesandshortcasestoassesstheclearconceptsofmanagementbythetrainee.
- **PatientCare PC-3**
- **How ToTeach**
  - Discussthoroughlythemanagementsideeffects/interactions/dosage/therapeuticproceduresandintervention
- **How ToAssess**
  - Longcase
  - Shortcase

- OSPE
- Simulatedpatient
- Stimulated chartrecall
- Logbook
- Portfolio
- Internal assessmentrecord

- **PatientCare PC-4**
- **How ToTeach**
  - Supervisorshouldensurethattheresidenthascompleteknowledgeabouttheprocedures.
  - Traineeshouldobserveprocedures
  - Shouldperformproceduresundersupervision
  - Shouldbeabletoperformproceduresindependently
  - Videosregardingdifferentprocedures.
- **How ToAssess**
  - OSPE
  - Logbook/portfolio
  - Directobservation

PatientCare PC-5

How to Teach

- Allconsultationsbythetraineesshouldbediscussedbythesupervisor.

How to Assess

- Consultationrecordofthelogbook
- Feedbackbyotherdepartmentregardingconsultation

COMPETENCYNO.2 MEDICAL KNOWLEDGE(MK)

- **Clinical knowledge(MK1)**
  - Possessessufficientscientific,socioeconomicandbehavioralknowledgerequiredtoprovidecareforcommonmedical conditionsandbasicpreventivecare.
  - Possessesthescientific,socioeconomicandbehavioralknowledgerequiredtoprovidecareforcomplexmedicalconditionsand comprehensive preventivecare
  - Possessesthescientific,socioeconomicandbehavioralknowledgerequiredtosuccessfullydiagnoseandtreatmedically uncommon,ambiguousandcomplexconditions.

- Knowledgeofdiagnostictestingandprocedures.(MK2)
- Consistently interprets basic diagnostic testsaccurately
- Doesnotneedassistancetounderstandtheconceptsofpre-testprobabilityandtestperformanceCharacteristics
- Fullyunderstandstherationaleandrisksassociatedwithcommonprocedures
- Interpretscomplexdiagnostictestsaccurately
- Understandstheconceptsofpre-testprobabilityandtestperformancecharacteristics
- Teachestherationaleandrisksassociatedwithcommonproceduresandanticipatespotentialcomplicationswhenperforming procedures
- Anticipatesandaccountsforpitfallsandbiaseswheninterpretingdiagnostictestsandprocedures
- Pursuesknowledgeofnewandemergingdiagnostictestsandprocedures

- **MedicalKnowledge(MK-1,MK-2)**
- **How toTeach**
  - Booksetc
  - Articles
  - CPC(Clinic PathologicalConference)
  - Lecture
  - Videos
  - SDL(SelfDirectedLearning)
  - PBL(ProblemBasedLearning)
  - Teachingexperiencewithmedicalstudent
  - Read proceduralknowledge.
- **How ToAssess**
  - MCQs
  - SEQs
  - Viva
  - Videos
  - Internalassessment

<u>COMPETENCYNO.3</u> **<u>SYSTEMBASEDPRACTICE</u>(SBP)**

- **Workseffectivelywithinaninterprofessionalteam(e.g.peers,consultants,nursing,Ancillaryprofessionalsand othersupportpersonnel).(SBP1).**
  - Recognizesthecontributionsofotherinterprofessionalteammembers
  - Doesnotfrustratesteammemberswithinefficiencyanderrors
  - Identifiesrolesofotherteammembersandrecognizehow/whentoutilizethemasresources.
  - Doesnotrequiresfrequentremindersfromteamtocompletephysicianresponsibilities(e.g.talktofamily,enterorders)
  - Understandstherolesandresponsibilitiesofallteammembersandusesthemeffectively
  - Participatesinteamdiscussionswhenrequiredandactivelyseekinputfromotherteammembers

- Understandstherolesandresponsibilitiesofandeffectivelypartnerswith,allmembersoftheteam
- Activelyengagesinteammeetingsandcollaborativedecision-making
- Integratesallmembersoftheteamintothecareofpatients,suchthateachisabletomaximizetheirskillsinthecareofthe patient
- Efficientlycoordinatesactivitiesofotherteammemberstooptimizecare
- Viewedbyotherteammembersasaleaderinthedeliveryofhighqualitycare

- **Recognizessystemerrorandadvocatesforsystemimprovement.(SBP2)**
  - Doesnotignoreariskforerrorwithinthesystemthatmayimpactthecareofapatient.
  - Doesnotmakedecisionsthatcouldleadtoerrorwhichareotherwisecorrectedbythesystemorsupervision.
  - Doesnotresistanttofeedbackaboutdecisionsthatmayleadtoerrororotherwisecauseharm.
  - Recognizesthepotentialforerrorwithinthesystem.
  - Identifiesobviousorcriticalcausesoferrorandnotifiessupervisoraccordingly.
  - Recognizesthepotentialriskforerrorintheimmediatesystemandtakesnecessarystepstomitigatethatrisk.
  - Willingtoreceivefeedbackaboutdecisionsthatmayleadtoerrororotherwisecauseharm.
  - Identifiessystemiccausesofmedicalerrorandnavigatesthemtoprovidesafepatientcare.
  - Advocatesforsafepatientcareandoptimalpatientcaresystems
  - Activatesformalsystemresourcestoinvestigateandmitigaterealorpotentialmedicalerror.
  - Reflectsuponandlearnsfromowncriticalincidentsthatmayleadtomedicalerror.
  - Advocatesforsystemleadershiptoformallyengageinqualityassuranceandqualityimprovementactivities.
  - Viewedasaleaderinidentifyingandadvocatingforthepreventionofmedicalerror.
  - Teachesothersregardingtheimportanceofrecognizingandmitigatingsystemerror.
- **Identifiesforcesthatimpactthecostofhealthcare,andadvocatesfor,andpracticescost-effectivecare.(SBP3).**
  - Doesnotignorescostissuesintheprovisionofcare
  - Demonstrateseffortttoovercomebarrierstocost-effectivecare
  - Hasfullawarenessofexternalfactors(e.g.socio-economic,cultural,literacy,insurancestatus)thatimpactthecostofhealth careandtherolethatexternalstakeholders(e.g.providers,suppliers,financers,purchasers)haveonthecostofcare
  - Considerlimitedhealthcareresourceswhenorderingdiagnosticortherapeuticinterventions
  - Recognizesthatexternalfactorsinfluenceapatient'sutilizationofhealthcareandDoesnotactasbarrierstocost-effectivecare
  - Minimizesunnecessarydiagnosticandtherapeutictests
  - Possessesanincompleteunderstandingofcost-awarenessprinciplesforapopulationofpatients(e.g.screeningtests)
  - Consistentlyworkstoaddresspatientspecificbarrierstocost-effectivecare
  - Advocatesforcost-consciousutilizationofresources(i.e.emergencydepartmentvisits,hospitalreadmissions)
  - Incorporatescost-awarenessprinciplesintostandardclinicaljudgmentsanddecision-making,includingscreeningtests

- Teachespatientsandhealthcareteammemberstorecognizeandaddresscommonbarrierstocost-effectivecareand appropriateutilizationofresources
- Activelyparticipatesininitiativesandcaredeliverymodelsdesignedtoovercomeormitigatebarrierstocost-effectivehigh qualitycare

- **Transitionspatientseffectivelywithinandacrosshealthdeliverysystems.(SBP4)**
  - Regardsneedforcommunicationattimeoftransition
  - Respondstorequestsofcaregiversinotherdeliverysystems
  - Inconsistentlyutilizesavailableresourcestocoordinateandensuresafeandeffectivepatientcarewithinandacrossdelivery systems
  - Writtenandverbalcareplansduringtimesoftransitionarecomplete
  - Efficienttransitionsofcareleadtoonlynecessaryexpenseorlessrisktoapatient(e.g.avoidsduplicationoftestsreadmission)
  - Recognizestheimportanceofcommunicationduringtimesoftransition
  - Communicationwithfuturecaregiversispresentbutwithlapsesinpertinentortimelyinformation
  - Appropriatelyutilizesavailableresourcestocoordinatecareandensuressafeandeffectivepatientcarewithinandacross deliverysystems
  - Proactivelycommunicateswithpastandfuturecaregiverstoensurecontinuityofcare
  - Coordinatescarewithinandacrosshealthdeliverysystemstooptimizepatientsafety,increaseefficiencyandensurehigh quality patientoutcomes
  - Anticipatesneedsofpatient,caregiversandfuturecareprovidersandtakesappropriatestepstoaddressthoseneeds
  - Rolemodelsandteacheseffectivetransitionsofcare
- **How ToTeach**
  - Lecture/ orientationsession
  - Varioussystem/policiesshouldbeidentifiedand discussedwiththeresidents.
  - Examples:
  - Zakaat
  - Admissionprocedure
  - Bait-ul-Mall
  - Dischargeprocedure
  - Consultationprocedure
  - ShiftingofpatientsaccordingtoSOPS
  - Preferablyamanualshouldbedesignedregarding varioussystemsexistinginthe
  - Hospitalfortheresident.
  - Costeffectiveness/availabilityofmedicine
  - Avoidanceofunnecessarytestsbecauseoflimited healthresources.
  - Directobservationbythesupervisorduringward rounds
  - Feedback
  - Assessmentduringcasediscussion

COMPETENCY NO. 4PRACTICE BASED LEARNING (PBL)

- **Monitorspracticewithagoalforimprovement.(PBLI1)**
  - Willingtoself-reflectuponone'spracticeorperformance
  - Concernedwithopportunitiesforlearningandself-improvement
  - Unabletoself-reflectuponone'spracticeorperformance
  - Availsopportunitiesforlearningandself-improvement
  - Consistentlyactsuponopportunitiesforlearningandself-improvement
  - Regularlyself-reflectsuponone'spracticeorperformanceandconsistentlyactsuponthosereflectionstoimprovepractice
  - Recognizessub-optimalpracticeorperformanceasanopportunityforlearningandself-improvement
  - Regularlyself-reflectsandseeksexternalvalidationregardingthisreflectiontomaximizepracticeimprovement
  - Activelyengagesinself-improvementeffortsandreflectsupontheexperience
- **Learnsandimprovesviaperformanceaudit.(PBLI2)**
  - Regardsownclinicalperformancedata
  - Demonstratesinclinationtoparticipateinorevenconsidertheresultsofqualityimprovementefforts
  - Adequateawarenessofordesiretoanalyzeownclinicalperformancedata
  - Participatesinaqualityimprovementprojects
  - Familiarwiththeprinciples,techniquesorimportanceofqualityimprovement
  - Analyzesownclinicalperformancedataandidentifiesopportunitiesforimprovement
  - Effectivelyparticipatesinaqualityimprovementproject
  - Understandscommonprinciplesandtechniquesofqualityimprovementandappreciatestheresponsibilitytoassessand improvecareforapanelofpatientsAnalyzesownclinicalperformancedataandactivelyworkstoimproveperformance
  - Activelyengagesinqualityimprovementinitiatives
  - Demonstratestheabilitytoapplycommonprinciplesandtechniquesofqualityimprovementtoimprovecareforapanelof patients
  - Activelymonitorsclinicalperformancethroughvariousdatasources
  - Isabletoleadaqualityimprovementproject
  - Utilizescommonprinciplesandtechniquesofqualityimprovementtocontinuouslyimprovecareforapanelofpatients
- **Learnsandimprovesviafeedback.(PBLI3)**
  - Doesnotresistsfeedbackfromothers
  - Often seeksfeedback
  - Neverrespondstounsolicitedfeedbackinadefensivefashion
  - Temporarilyorsuperficiallyadjustsperformancebasedonfeedback

- Doesnotsolicitsfeedbackonlyfromsupervisors
- Isopentounsolicitedfeedback
- Solicitsfeedbackfromallmembersoftheinterprofessionalteamandpatients
- Consistently incorporatesfeedback
- Performancecontinuouslyreflectsincorporationofsolicitedandunsolicitedfeedback
- Abletoreconciledisparateorconflictingfeedback

- **Learnsandimprovesatthepointofcare.(PBLI4)**
  - Acknowledgesuncertainlyanddoesnotreverttoreflexivepatternedresponsewheninaccurate
  - Seeksorappliesevidencewhennecessary
  - Familiarwithstrengthsandweaknessesofthemedicalliterature
  - Hasadequateawarenessoforabilitytouseinformationtechnology
  - Doesnotacceptsthefindingsofclinicalresearchstudieswithoutcriticalappraisal Cantranslatemedicalinformationneedsinto well-formedclinicalquestionsindependently
  - Awareofthestrengthsandweaknessesofmedicalinformationresourcesandutilizesinformationtechnologywith sophistication
  - Appraisesclinicalresearchreports,basedonacceptedcriteria
  - Doesnot“slowsdown”toreconsideranapproachtoaproblem,askforhelp,orseeknewinformation
  - Routinelytranslatesnewmedicalinformationneedsintowell-formedclinicalquestions
  - Utilizesinformationtechnologywithsophistication
  - Independentlyappraisesclinicalresearchreportsbasedonacceptedcriteria
  - Searchesmedicalinformationresourcesefficiently,guidedbythecharacteristicsofclinicalquestions
  - Rolemodelshowtoappraiseclinicalresearchreportsbasedonacceptedcriteria
  - Hasasystematicapproachtotrackandpursueemergingclinicalquestion
- **PracticeBasedLearning(PBL1,PBL2,PBL3,PBL4)**
  - **How toTeach**
    - Discussionsaboutproblemcases
    - Shoulddiscusserrorsandomissions
  - **How toAssess**
    - Feedback
    - 360evaluation
    - Research articlepresentation
    - Journal clubpresentation
    - CPCpresentation
    - Wardpresentation
    - Qualityimprovementofprojects

COMPETENCY NO. 5PROFESSIONALISM(PROF)

- Hasprofessionalandrespectfulinteractionswithpatients,caregiversandmembersoftheinterprofessionalteam(e.g.peers, consultants,nursing,ancillaryprofessionalsandsupportpersonnel).(PROF1)
- Consistentlyrespectfulininteractionswithpatients,caregiversandmembersoftheinterprofessionalteam,eveninchallenging situations
- Isavailableandresponsivetoneedsandconcernsofpatients,caregiversandmembersoftheinterprofessionalteamtoensur e safeandeffectivecareEmphasizespatientprivacyandautonomyinallinteractions
- Demonstratesempathy,compassionandrespecttopatientsandcaregiversinallsituations
- Anticipates,advocatesfor,andproactivelyworkstomeettheneedsofpatientsandcaregivers
- Demonstratesaresponsivenesstopatientneedsthatsupersedesself-interest
- Positivelyacknowledgesinputofmembersoftheinterprofessionalteamandincorporatesthatinputintoplanofcareas appropriate
- Rolemodelscompassion,empathyandrespectforpatientsandcaregivers
- Rolemodelsappropriateanticipationandadvocacyforpatientandcaregiverneeds
- Fosterscollegialitythatpromotesahigh-functioninginterprofessionalteam

- **Teachesothersregardingmaintainingpatientprivacyandrespectingpatientautonomy Acceptsresponsibilityandfollows throughontasks.(PROF2)**
  - Demonstratesresponsibilitiesexpectedofaphysicianprofessional
  - Acceptsprofessionalresponsibilityevenwhennotassignedornotmandatory
  - Completesadministrativeandpatientcaretasksinatimelymannerinaccordancewithlocalpracticeand/orpolicy
  - Completesassignedprofessionalresponsibilitieswithoutquestioningortheneedforreminders
  - Prioritizesmultiplecompetingdemandsinordertocompletetasksandresponsibilitiesinatimelyandeffectivemanner
  - Willingnesstoassumeprofessionalresponsibilityregardlessofthesituation
  - Rolemodelsprioritizingmultiplecompetingdemandsinordertocompletetasksandresponsibilitiesinatimelyandeffective manner
  - Assistsotherstoimprovetheirabilitytoprioritizemultiple,competingtasks

- **Respondstoeachpatient'suniquecharacteristicsandneeds.(PROF3)**
  - Willingtomodifycareplantoaccountforapatient'suniquecharacteristicsandneeds
  - Issensitivetoandhasbasicawarenessofdifferencesrelatedtoculture,ethnicity,gender,race,ageandreligioninthe patient/caregiverencounter
  - Seekstofullyunderstandeachpatient'suniquecharacteristicsandneedsbaseduponculture,ethnicity,gender,religion,and personalpreference
  - Modifiescareplantoaccountforapatient'suniquecharacteristicsandneedswithcompletesuccess
  - Recognizesandaccountsfortheuniquecharacteristicsandneedsofthepatient/caregiver
  - Appropriatelymodifiescareplantoaccountforapatient'suniquecharacteristicsandneeds
  - Rolemodelsprofessionalinteractionstonegotiatedifferencesrelatedtoapatient'suniquecharacteristicsorneeds
  - Rolemodelsconsistentrespectforpatient'suniquecharacteristicsandneeds
- **Exhibitsintegrityandethicalbehaviorinprofessionalconduct.(PROF4)**
  - Hasabasicunderstandingofethicalprinciples,formalpoliciesandprocedures,anddoesnotintentionallydisregardthem
  - Honestandforthrightinclinicalinteractions,documentation,research,andscholarlyactivity
  - Demonstratesaccountabilityforthecareofpatients
  - Adherestoethicalprinciplesfordocumentation,followsformalpoliciesandprocedures,acknowledgesandlimitsconflictof interest,andupholdsethicalexpectationsofresearchandscholarlyactivity
  - Demonstratesintegrity,honesty,andaccountabilitytopatients,societyandtheprofession
  - Activelymanageschallengingethicaldilemmasandconflictsofinterest
  - Identifiesandrespondsappropriatelytolapsesofprofessionalconductamongpeergroup
  - Assistsothersinadheringtoethicalprinciplesandbehaviorsincludingintegrity,honesty,andprofessionalresponsibility
  - Rolemodelsintegrity,honesty,accountabilityandprofessionalconductinallaspectsofprofessionallife
  - Regularlyreflectsonpersonalprofessionalconduct

- **Professionalism(PROF1,PROF2,PROF3ANDPROF4)**
- **How ToTeach**
    1. Shouldbetaughtduringwardrounds.
    2. Bysupervisor
    3. Throughworkshop
- **How ToAssess**
    1. Punctuality
    2. Behavior
    3. Directobservationduringwardrounds
    4. Feedback
    5. 360 degreeevaluation

CompetencyNo.6 INTERPERSONALANDCOMMUNICATIONSKILL(ICS)

- Communicateseffectivelywithpatientsandcaregivers.(ICS1)
- Doesnotignorespatientpreferencesforplanofcare
- Makesattempttoengagepatientinshareddecision-making
- Doesnotengagesinantagonisticorcounter-therapeuticrelationshipswithpatientsandcaregivers
- Engagespatientsindiscussionsofcareplansandrespectspatientpreferenceswhenofferedbythepatient,andalsoactively solicitpreferences.
- Attemptstodeveloptherapeuticrelationshipswithpatientsandcaregiverswhichisoftensuccessful
- Defersdifficultorambiguousconversationstoothers
- Engagespatientsinshareddecisionmakinginuncomplicatedconversations
- Requiresassistancefacilitatingdiscussionsindifficultorambiguousconversations
- Requiresguidanceorassistancetoengageincommunicationwithpersonsofdifferentsocioeconomicandculturalbackgrounds
- Identifiesandincorporatespatientpreferenceinshareddecisionmakingacrossawidevarietyofpatientcareconversations
- Quicklyestablishesatherapeuticrelationshipwithpatientsandcaregivers,includingpersonsofdifferentsocioeconomicand culturalbackgrounds
- Incorporatespatient-specificpreferencesintoplanofcare
- Rolemodelseffectivecommunicationanddevelopmentoftherapeuticrelationshipsinbothroutineandchallengingsituations
- Modelscross-culturalcommunicationandestablishestherapeuticrelationshipswithpersonsofdiversesocioeconomic backgrounds

- **Communicateseffectivelyininterprofessionalteams(e.g.peers,consultants,nursing,ancillaryprofessionals andothersupportpersonnel).(ICS2)**
    - Doesnotusesunidirectionalcommunicationthatfailstoutilizethewisdomoftheteam
    - Doesnotresistsoffersofcollaborativeinput
    - Consistentlyandactivelyengagesincollaborativecommunicationwithallmembersoftheteam
    - Verbal,non-verbalandwrittencommunicationconsistentlyactstofacilitatecollaborationwiththeteamtoenhancepatientcare
    - Rolemodelsandteachescollaborativecommunicationwiththeteamtoenhancepatientcare,eveninchallengingsettingsand withconflictingteammemberopinions

- **Appropriateutilizationandcompletionofhealthrecords.(ICS3)**
    - Healthrecordsareorganizedandaccurateandarenotsuperficialanddoesnotmisskeydataorfailstocommunicateclinical reasoning
    - Healthrecordsareorganized,accurate,comprehensive,andeffectivelycommunicateclinicalreasoning
    - Healthrecordsaresuccinct,relevant,andpatientspecific
    - Rolemodelsandteachesimportanceoforganized,accurateandcomprehensivehealthrecordsthataresuccinctandpatient specific

Interpersonal and Communication Skill (ISC1, ICS2 AND ICS3)

- **How toTeach**
    - Teachingthroughcommunicationskillsbysupervisor
    - Throughworkshop
- **How toAssess**
    1. Directobservation
    2. Feedback
    3. 360 degreeevaluation
    4. Historytaking
    5. CPCpresentation
    6. Journalclub presentation
    7. Articlepresentation
    8. Consultation
    9. OPDworking
    10. Counselingsessions
    11. OSPE
    12. VIVA

***FOREXAMPLE*:Incardiologythecompetenciesotherthan Medicalknowledgeshouldbemonitored/supervised/evaluatedasfollows**

Practice and Procedural Skills	Attitudes, Values and Habits	Professionalism	Interpersonal and Communication Skills	Practice Based Learning Improvement	Evaluation of Medical Knowledge
• Developmentofproficiencyin examination of the cardiovascular system, in general and cardiac auscultation,inparticular • Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac surgery • Preoperative evaluation of cardiac risk in-patients undergoing non-cardiac surgery • The appropriate way to answer cardiacconsultations • Theappropriatefollow-up, includinguseofsubstantive progressnotes,ofpatients who have been seen in consultation. • Out-patientcardiaccare. • Differential diagnosis ofchest pain	• Keepingthepatientand familyinformedonthe clinical status of the patient,resultsoftests, etc. • Frequent, direct communicationwiththe physicianwhorequested theconsultation. • Review of previous medical records and extractionofinformation relevanttothepatient's cardiovascular status. Other sources of informationmaybeused, whenpertinent • Understanding that patientshavetherightto eitheracceptsordecline recommendations made by thephysician • Educationofthepatient	• The PGT should continuetodevelop his/her ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty. • The PGT must be willing to acknowledgeerrors anddeterminehow to avoid future similarmistakes. • The PGT must be responsible and reliableatalltimes. • The PGT must alwaysconsiderthe needs of patients, families,colleagues, andsupportstaff. • The PGT must maintain a professional appearance atall times	• ThePGTshouldlearn when to call a subspecialist for evaluation and management of a patient with a cardiovasculardisease. • ThePGTshouldbeable toclearlypresentthe consultation cases to the staff in an organized and thoroughmanner • ThePGTmustbeable toestablisharapport withthepatientsand listens to thepatient's complaintstopromote thepatient'swelfare. • The PGT should provide effective education and counseling forpatients. • ThePGTmustwrite organizedandlegible notes • The PGT must communicate any patientproblemsto thestaffinatimely fashion	• The PGT should usefeedbackand self-evaluation in ordertoimprove performance • The PGT should readtherequired material and articlesprovided to enhance learning • The PGT should use the medical literature search tools in the library to find appropriate articles relatedto interestingcases.	• ThePGT'sabilityto answer directed questions and to participateinthe didacticsessions. • The PGT's presentation of assigned short topics. Thesewill beexaminedfor their completeness, accuracy, organization, and the PGTs' understandingof thetopic. • ThePGT'sabilityto apply the information learned in the didactic sessions tothepatientcare setting. • The PGT'sinterest levelinlearning.

Similar competencies should be applied for other domains of medicine & allied. Please see curriculum of MD Internal Medicine for details.

METHODS OF TEACHING & LEARNING DURING COURSE CONDUCTION

1. *InpatientServices:*Allresidentswillhaverotationsinintensivecare,coronarycare,emergencymedicine,generalmedicalwards,general medicine,ambulatoryexperiencesetc.Therequiredknowledgeandskillspertainingtotheambulatorybasedtraininginfollowingareas shall bedemonstrated;

- General InternalMedicine
- Criticalcare&EmergencyMedicine
- Coronary careunit
- AmbulatoryMedicine
- GeneralMedicalconsultationservice
- Cardiology
- PulmonaryMedicine
- Endocrinology
- Rheumatology
- Gastroenterology&Hepatology
- Nephrology
- HematologicalDisorders
- Psychiatry
- InpatientOncology81PalliativeCareServices
- Neurology
- Dermatology
- GeriatricMedicine
- InfectiousDiseases
- Radiology

2. ***OutpatientExperiences:***Residentsshoulddemonstrateexpertiseindiagnosisandmanagementofpatientsinacutecareclinicsand longitudinalclinicandgainexperienceinDermatology,Geriatrics,Clinicalimmunologyandallergy,Endocrinology,Gastroenterology, Hematology-Oncology,Neurology,Nephrology,Pulmonology,Rheumatologyetc.
3. ***Emergencyservices:***Ourresidentstakeanearlyandactiveroleinpatientcareandobtaindecision-makingrolesquickly.Withinthe EmergencyDepartment,residentsdirecttheinitialstabilizationofallcriticalpatients,manageairwayinterventions,andoversee all criticalcare.
4. ***Electives/SpecialtyRotations:***Inaddition,theresidentwillelectrotationsinavarietyofelectivesincludingnutrition,nuclearmedicineorany ofthemedicinesubspecialtyconsultativeservicesorclinics.Theymaychooseelectivesfromeachmedicinesubspecialtyandfromofferingsof otherdepartments.Residentsmayalsoselectelectivesatotherinstitutionsiftheparentdepartmentdoesnotoffertheexperiencesthey want.

5. ***Interdisciplinary Medicine***Adolescent Medicine, Dermatology, Emergency Medicine, General Surgery, Gynecology, Neurology, Occupational Medicine,Ophthalmology,OrthopedicsandSportsMedicine,Otolaryngology,PhysicalMedicineandRehabilitation,Urology.
6. ***CommunityPractice:***Residentsexperiencethepracticeofmedicineinanon-academic,non-teachinghospitalsetting.Therotationmaybe usedtotryoutapracticethattheresidentlaterjoins,tolearntheneedsofreferringphysiciansortodecideonafuturecareerpath.
7. ***MandatoryWorkshops:****R*esidentsachievehandsontrainingwhileparticipatinginmandatoryworkshopsofResearchMethodology,Advanced LifeSupport,CommunicationSkills,Computer&InternetandClinicalAudit.Specificobjectivesaregivenindetailintherelevantsectionof MandatoryWorkshops.
8. ***CoreFacultyLectures(CFL):***Thecorefacultylecture'sfocusonmonthlythemesofthevariousspecialtymedicinetopicsforelevenmonthsof theyear,i.e.,Cardiology,Gastroenterology,Hematology,etc.Lecturesarestillanefficientwayofdeliveringinformation.Goodlecturescan introducenewmaterialorsynthesizeconceptsstudentshavethroughtext-,web-,orfield-basedactivities.*Buzzgroups*canbeincorporated intothelecturesinordertopromotemoreactivelearning.
9. ***IntroductoryLecture Series (ILS):***Variousintroductorytopicsarepresentedbysubspecialtyandgeneralmedicinefacultytointroduceinterns tobasicandessentialtopicsininternalmedicine.
10. ***Longandshortcasepresentations:***Givinganoralpresentationonwardroundsisanimportantskillformedicalstudenttolearn.Itismedical reportingwhichisterseandrapidlymoving.Aftercollectingthedata,youmustthenbeablebothtodocumentitinawrittenformatand transmititclearlytootherhealthcareproviders.Inordertodothissuccessfully,youneedtounderstandthepatient'smedicalillnesses,the psychosocialcontributionstotheirHistoryofPresentingIllnessandtheirphysicaldiagnosisfindings.Youthenneedtocompressthemintoa concise,organizedrecitationofthemostessentialfacts.Thelistenerneedstobegivenalloftherelevantinformationwithouttheextraneous detailsandshouldbeabletoconstructhis/herowndifferentialdiagnosisasthestoryunfolds.Consideryourselfanadvocatewhois attemptingtopersuadeaninformed,interestedjudgethemeritsofyourargument,withoutdistortinganyofthefacts.Anoralcase presentationisNOTasimplerecitationofyourwrite-up.Itisaconcise,editedpresentationofthemostessentialinformation.Basicstructure fororalcasepresentationsincludesIdentifyinginformation/chiefcomplaint(ID/CC),Historyofpresentillness(HPI)includingrelevantROS (Reviewofsystems)questionsonly,Otheractivemedicalproblems,Medications/allergies/substanceuse(note:e.ThecompleteROSshould

notbepresentedinoralpresentations,Briefsocialhistory(currentsituationandmajorissuesonly).Physicalexamination(pertinentfindings only),Onelinesummary&Assessmentandplan

11. ***SeminarPresentation:***Seminarisheldinanoonconferenceformat.Upperlevelresidentspresentanin-depthreviewofamedicaltopicas wellastheirownresearch.Residentsareformallycritiquedbyboththeassociateprogramdirectorandtheirresidentcolleagues.
12. ***JournalClubMeeting(JC):***Aresidentwillbeassignedtopresent,indepth,aresearcharticleortopicofhis/herchoiceofactualorpotential broadinterestand/orapplication.Twohourspermonthshouldbeallocatedtodiscussionofanycurrentarticlesortopicsintroducedbyany participant.Facultyoroutsideresearcherswillbeinvitedtopresentoutlinesorresultsofcurrentresearchactivities.Thearticleshouldbe criticallyevaluatedanditsapplicableresultsshouldbehighlighted,whichcanbeincorporatedinclinicalpractice.Recordofallsucharticles shouldbemaintainedintherelevantdepartment
13. ***SmallGroupDiscussions/Problembasedlearning/Casebasedlearning:***Traditionallysmallgroupsconsistof8-12participants.Smallgroups cantakeonavarietyofdifferenttasks,includingproblemsolving,roleplay,discussion,brainstorming,debate,workshopsandpresentations. Generallystudentsprefersmallgrouplearningtootherinstructionalmethods.Fromthestudyofaproblemstudentsdevelopprinciplesand rulesandgeneralizetheirapplicabilitytoavarietyofsituationsPBLissaidtodevelopproblemsolvingskillsandanintegratedbodyof knowledge.Itisastudent-centeredapproachtolearning,inwhichstudentsdeterminewhatandhowtheylearn.Casestudieshelplearners identifyproblemsandsolutions,compareoptionsanddecidehowtohandlearealsituation.
14. ***Discussion/Debate:***There are several types of discussion tasks which would be used as learning method for residents including: *guided discussion*,inwhichthefacilitatorposesadiscussionquestiontothegroupandlearnersofferresponsesorquestionstoeachother's contributionsasameansofbroadeningthediscussion'sscope;*inquiry-baseddiscussion*,inwhichlearnersareguidedthroughaseriesof questionstodiscoversomerelationshiporprinciple;*exploratorydiscussion*,inwhichlearnersexaminetheirpersonalopinions,suppositionsor assumptionsandthenvisualizealternativestotheseassumptions;and*debate*inwhichstudentsargueopposingsidesofacontroversialtopic. Withthoughtfulandwell-designeddiscussiontasks,learnerscanpracticecriticalinquiryandreflection,developingtheirindividualthinking, consideringalternativesandnegotiatingmeaningwithotherdiscussantstoarriveatasharedunderstandingoftheissuesathand.
15. ***CaseConference(CC):***Thesesessionsareheldthreedayseachweek;thefocusofthediscussionisselectedbythepresentingresident.For example,somecasesmaybepresentedtodiscussadifferentialdiagnosis,whileothersarepresentedtodiscussspecificmanagementissues.

16. ***NoonConference(NC):*** Thenoonconferencesfocusonmonthlythemesofthevariousspecialtymedicinetopicsforelevenmonthsoftheyear, i.e.,Cardiology,Gastroenterology,Hematology,etc.
17. ***GrandRounds(GR):*** TheDepartmentofMedicinehostsGrandRoundsonweeklybasis.Speakersfromlocal,regionalandnationalmedicine trainingprogramsareinvitedtopresenttopicsfromthebroadspectrumofinternalmedicine.Allresidentsoninpatientfloorteams,aswellas thoseonambulatoryblockrotationsandelectivesareexpectedtoattend.
18. ***ProfessionalismCurriculum(PC):*** Thisisanorganizedseriesofrecurringlargeandsmallgroupdiscussionsfocusinguponcurrentissuesand dilemmasinmedicalprofessionalismandethicspresentedprimarilybyanassociateprogramdirector.Lecturesareusuallypresentedina noon conferenceformat.
19. ***EveningTeachingRounds:*** Duringthesesign-outrounds,theinpatientChiefResidentmakesabriefeducationalpresentationonatopic relatedtoapatientcurrentlyonservice,oftenrelatedtothediscussionfrommorningreport.Seriouscasesaremainlyfocuseddduringevening rounds.
20. ***Clinico-pathologicalConferences:*** Theclinicopathologicalconference,popularlyknownasCPCprimarilyreliesoncasemethodofteaching medicine.Itisateachingtoolthatillustratesthelogical,measuredconsiderationofadifferentialdiagnosisusedtoevaluatepatients.The processinvolvescasepresentation,diagnosticdata,discussionofdifferentialdiagnosis,logicallynarrowingthelisttofewselectedprobable diagnosesandeventuallyreachingafinaldiagnosisanditsbriefdiscussion.Theideawasfirstpracticedin Boston,backin1900byaHarvard internist,Dr.RichardC.Cabotwhopracticedthisasaninformaldiscussionsessioninhisprivateoffice.Dr.Cabotinceptedthisfromaresident, whointurnhadreceivedtheideafromaroommate,primarilyalawstudent.
21. ***EvidenceBasedMedicine(EBM):*** Residentsarepresentedaseriesofnoonmonthlylecturespresentedtoallowresidentstolearnhowto criticallyappraisejournalarticles,staycurrentonstatistics,etc.Thelecturesarepresentedbytheprogramdirector.
22. ***ClinicalAuditbasedlearning:*** "Clinicalauditisaqualityimprovementprocessthatseekstoimprovepatientcareandoutcomesthrough systematicreviewofcareagainstexplicitcriteria…Whereindicated,changesareimplemented…andfurthermonitoringisusedtoconfirm improvementinhealthcaredelivery."*PrinciplesforBestPracticeinClinicalAudit(2002,NICE/CHI)*
23. ***PeerAssistedLearning:*** Anysituationwherepeoplelearnfrom,orwith,othersofasimilarleveloftraining,backgroundorothershared characteristic. Provides opportunities to reinforce and revise their learning. Encourages responsibility and increased self-confidence.Develops

teachingandverbalizationskills.Enhancescommunicationskills,andempathy.Developsappraisalskills(ofselfandothers)includingthe abilitytogiveandreceiveappropriatefeedback.Enhanceorganizationalandteam-workingskills.

24. ***MorbidityandMortalityConference(MM):*** TheM&MConferenceisheldoccasionallyatnoonthroughouttheyear.Acase,withanadverse outcome, though not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invitedtoattend,especiallyiftheywereinvolvedinthecareofthepatient.Thediscussionfocusesonhowcarecouldhavebeenimproved.
25. ***ClinicalCaseConference:*** Eachresident,exceptwhenonvacation,willberesponsibleforatleastoneclinicalcaseconferenceeachmonth.The casesdiscussedmaybethoseseenoneithertheconsultationorclinicserviceorduringrotationsinspecialtyareas.Theresident,withthe adviceoftheAttendingPhysicianontheConsultationService,willprepareandpresentthecase(s)andreviewtherelevantliterature
26. ***SEQasassignmentsonthecontentareas:*** SEQsassignmentsaregiventotheresidentsonregularbasistoenhancetheirperformanceduring writtenexaminations.
27. ***SkillteachinginICU,emergency,wardsettings&skilllaboratory:*** Twohourstwiceamonthshouldbeassignedforlearningandpracticing clinicalskills.Listofskillstobelearntduringthesesessionsisasfollows:

- Residents must develop a comprehensive understanding of the indications, contraindications, limitations, complications, techniques, and interpretationofresultsofthosetechnicalproceduresintegraltothediscipline(mentionedintheCourseoutlines)
- Residentsmustacquireknowledgeofandskillineducatingpatientsaboutthetechnique,rationaleandramificationsofproceduresandin obtainingprocedure-specificinformedconsent.Facultysupervisionofresidentsintheirperformanceisrequired,andeachresident's experienceinsuchproceduresmustbedocumentedbytheprogramdirector
- Residentsmusthaveinstructionintheevaluationofmedicalliterature,clinicalepidemiology,clinicalstudydesign,relativeandabsoluterisks ofdisease,medicalstatisticsandmedicaldecision-making
- Trainingmustincludecultural,social,family,behavioralandeconomicissues,suchasconfidentialityofinformation,indicationsforlifesupport systems,andallocationoflimitedresources
- Residentsmustbetaughtthesocialandeconomicimpactoftheirdecisionsonpatients,theprimarycarephysicianandsociety.Thiscan beachievedbyattendingthebioethicslecturesandbecomingfamiliarwithProjectProfessionalismManualsuchasthatoftheAmerican BoardofInternalMedicine
- Residentsshouldhaveinstructionandexperiencewithpatientcounselingskillsandcommunityeducation
- Thistrainingshouldemphasizeeffectivecommunicationtechniquesfordiversepopulations,aswellasorganizationalresourcesuseful forpatientandcommunityeducation
- ResidentsmayattendtheseriesoflecturesonNuclearMedicineprocedures(radionuclidescanningandlocalizationtestsandtherapy) presentedtotheRadiologyresidents

- Residentsshouldhaveexperienceintheperformanceofclinicallaboratoryandradionuclidestudiesandbasiclaboratorytechniques includingqualitycontrol,qualityassuranceandproficiencystandards.

28. ***Bedsideteachingroundsinward:*** ***"ToSTUDythephenomenonofdiseasewithoUTabookistosailanUNCHartedsea whilst to STUDy books withoUT patients is not to go to sea at all" Sir William Osler 1849-1919***.Bedside teaching is regularlyincludedinthewardrounds.Learningactivitiesincludethephysicalexam,adiscussionofparticularmedicaldiseases, psychosocialandethicalthemes,andmanagementissues
29. ***DirectlySupervisedProcedures-(DSP)*:**Residentslearnproceduresunderthedirectsupervisionofanattendingorfellowduringsome rotations.Forexample,intheMedicalIntensiveCareUnitthePulmonary/CriticalCareattendingorfellow,ortheMICUattending, observetheplacementofcentralvenousandarteriallines.Specificproceduresusedinpatientcarevarybyrotation.
30. ***Self-directedlearning:***self-directedlearningresidentshaveprimaryresponsibilityforplanning,implementing,andevaluatingtheir effort.Itisanadultlearningtechniquethatassumesthatthelearnerknowsbestwhattheireducationalneedsare.Thefacilitator'srole inself-directedlearningistosupportlearnersinidentifyingtheirneedsandgoalsfortheprogram,tocontributetoclarifyingthe learners'directionsandobjectivesandtoprovidetimelyfeedback.Self-directedlearningcanbehighlymotivating,especiallyifthe learnerisfocusingonproblemsoftheimmediatepresent,apotentialpositiveoutcomeisanticipatedandobtainedandtheyarenot threatenedbytakingresponsibilityfortheirownlearning.
31. ***Followupclinics:***Themainaimsofourclinicforpatientsandrelativesinclude(a)Explanationofpatient'sstayinICUorWardsettings: Manypatientsdonotremembertheir ICUstay,andthislackofrecallcanleadtomisconceptions,frustrationandhavingunrealistic expectationsofthemselvesduringtheirrecovery.Itisthereforepreferableforpatientstobeawareofhowilltheyhavebeenandthen theycanunderstandwhyitistakingsometimetorecover.(b)Rehabilitationinformationandsupport:Wediscusswithpatientsand relativestheirindividualizedrecoveryfromcriticalillness.Thisincludesexpectations,realisticgoals,changeinfamilydynamicsand coming to terms with life style changes.(c)**Identifying physical, psychological or social problems** Someofourpatientshaveproblemseitherasaresultoftheircriticalillnessorbecauseofotherunderlyingconditions.Thefollow-upteamwillreferpatientstovariousspecialties,ifappropriate.(d)**Promotingaqualityservice**:Byhighlightingareaswhichrequire changeinnursingandmedicalpractice,wecanimprovethequalityofpatientandrelativescare.Feedbackfrompatientsandrelatives

abouttheirICU&wardexperienceisinvaluable.Ithasinitiatedvariousauditsandchangesinclinicalpractice,forthebenefitofpatients andrelativesinthefuture.

32. ***Corecurriculummeeting:***Allthecoretopicsof Medicineshouldbethoroughlydiscussedduringthesesessions.Thedurationofeach sessionshouldbeatleasttwohoursonceamonth.Itshouldbechairedbythechiefresident(electedbytheresidentsoftherelevant discipline).Eachresidentshouldbegivenanopportunitytobrainstormalltopicsincludedinthecourseandtogeneratenewideas regardingtheimprovementofthecoursestructure
33. ***AnnualGrandMeeting***Onceayearallresidentsenrolledfor MDInternalMedicineshouldbeinvitedtotheannualmeetingatRMU. Onefulldaywillbeallocatedtothisevent.Allthechiefresidentsfromaffiliatedinstituteswillpresenttheirannualreports.Issuesand concernsrelatedtotheirrelevantcourseswillbediscussed.Feedbackshouldbecollectedandsuggestionsshouldbesoughtinorderto involveresidentsindecisionmaking.Theresearchworkdonebyresidentsandtheirliteraryworkmaybedisplayed.Intheeveningan informalgatheringanddinnercanbearranged.Thiswillhelpincreatingasenseofbelongingandownershipamongstudentsandthe faculty.
34. ***Learningthroughmaintaininglogbook:****itis*usedtolistthecoreclinicalproblemstobeseenduringtheattachmentandtodocument thestudentactivityandlearningachievedwitheachpatientcontact.
35. ***Learningthroughmaintainingportfolio:***PersonalReflectionisoneofthemostimportantadulteducationaltoolsavailable.Many theoristshavearguedthatwithoutreflection,knowledgetranslationandthusgenuine“deep”learningcannotoccur.Oneofthe Individualreflectiontoolsmaintainingportfolios,PersonalReflectionallowsstudentstotakeinventoryoftheircurrentknowledgeskills andattitudes,tointegrateconceptsfromvariousexperiences,totransformcurrentideasandexperiencesintonewknowledgeand actionsandtocompletetheexperientiallearningcycle.
36. ***Task-based-learning:***Alistoftasksisgiventothestudents:participateinconsultationwiththeattendingstaff,interviewandexamine patients,reviewanumberofnewradiographswiththeradiologist.
37. ***Teachingintheambulatorycaresetting:***Awiderangeofclinicalconditionsmaybeseen.Therearelargenumbersofnewandreturn patients.Studentshavetheopportunitytoexperienceamulti-professionalapproachtopatientcare.Unlikewardteaching,increased numbersofstudentscanbeaccommodatedwithoutexhaustingthelimitedNo.ofsuitablepatients.

38. ***CommunityBased Medical Education:***CBMEreferstomedicaleducationthatisbasedoutsideatertiaryorlargesecondarylevel hospital.Learninginthefieldsofepidemiology,preventivehealth,publichealthprinciples,communitydevelopment,andthesocial impactofillnessandunderstandinghowpatientsinteractwiththehealthcaresystem.Alsousedforlearningbasicclinicalskills, especially communicationskills.

39. ***Audiovisual laboratory:***audiovisualmaterialforteachingskillstotheresidentsisusedspecificallyinteachinggastroenterology proceduredetails.

40. ***E-learning/web-basedmedicaleducation/computer-assistedinstruction:***Computertechnologies,includingtheInternet,cansupporta wide range of learning activities from dissemination of lectures and materials, access to live or recorded presentations, real-time discussions, self-instruction modules and virtual patient simulations. distance-independence, flexible scheduling, the creation of reusablelearningmaterialsthatareeasilysharedandupdated,theabilitytoindividualizeinstructionthroughadaptiveinstruction technologiesandautomatedrecordkeepingforassessmentpurposes.

41. ***Researchbasedlearning:***Allresidentsinthecategoricalprogramarerequiredtocompleteanacademicoutcomes-basedresearch projectduringtheirtraining.Thisprojectcanconsistoforiginalbenchtoplaboratoryresearch,clinicalresearchoracombinationof both.Theresearchworkshallbecompiledintheformofathesiswhichistobesubmittedforevaluationbyeachresidentbeforeendof thetraining.ThedesignatedFacultywillorganizeandmentortheresidentsthroughtheprocess,aswellasjournalclubstoteachcritical appraisaloftheliterature.

42. ***Otherteachingstrategiesspecificfordifferentspecialtiesasmentionedintherelevantpartsofthecurriculum***

Someoftheotherteachingstrategieswhicharespecificforcertaindomainsofinternalmedicinearegivenalongwithrelevantmodules.

CURRICULUM FOR INTERNAL MEDICINE

Goals and Objectives

Thecurriculumoutlinedhereisintendedtoensurethatyouhaveaclearunderstandingoftheoverallearninggoalsofan Internal Medicineresidency.Medicalcareofadultsoccursacrossacontinuumfrompreventivecareofhealthyadultstocareforthedying.The corecompetenciesthatinternistsmustdevelopduringtrainingareoutlinedbelow:

PatientCare: Residentsareexpectedtoprovidepatientcarethatiscompassionate,appropriateandeffectiveforthepromotionof health,preventionofillness,andtreatmentofdisease.

MedicalKnowledge: Residentsareexpectedtodemonstrateknowledgeofbiomedical,clinicalandsocialsciencesandtobeableto applytheirknowledgetopatientcareandtheeducationofothers.

Practice-BasedPerformanceImprovement: Residentsareexpectedtobeabletousescientificevidenceandmethodstoinvestigate, evaluate,andimprovepatientcarepractices.

Interpersonal and Communication Skills: Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

Professionalism: Residentsareexpectedtodemonstratebehaviorsthatreflectacommitmenttocontinuousprofessionaldevelopment, ethicalpractice,anunderstandingandsensitivitytodiversityandaresponsibleattitudetowardtheirpatients,theirprofession,and society.

Systems-BasedPractice: Residentsareexpectedtodemonstratebothanunderstandingofthecontextsandsystemsinwhichhealth careisprovided,andtheabilitytoapplythisknowledgetoimproveandoptimizehealthcare.

Thecurriculumdescribesbothrequiredandelectiverotations-theeducationalgoalsandobjectivesoftherotationoractivityaswellas theteachingformatsandsuggestededucationalcontent.Thetopicslistedunder"educationalcontent"aregenerallydiseaseentitiesthat wethinkyoushouldreadaboutduringyourrotationinthatparticularsite,regardlessofwhetheryouhaveapatientwiththatproblemor not.Wehavedevelopedthiscurriculumtoprovidesomeguidelinesforyourstudyingaswellastomakeclearthespecificgoalsand objectivesofeachrotation.Youshouldbeawareofthelearningobjectivesineachrotationandattempttoreachthem.

Inadditiontotheserotation-specificexpectations,therearegeneralrequirementsineachyearrelatedtomilestonesineachofthecore competencies

Goals and Objectives:

Patient care

- Demonstratetheabilitytoperformacomprehensivehistoryandphysicalaswellastheabilitytofocusandadjustthehistory and physical based on each patient’s severity of illness, level of comfort, and ability to communicate
- Knowtheapproachtocommonlyobservedin-patientproblems,e.g.pain,acuteshortnessofbreath,fever,palpitations,chest pain,hypotension,falls,acutechangesinmentalstatus
- Demonstrateproficiencyinuseandinterpretationofstandardlaboratorytestsandx-rays
- Implementthemanagementofcommondiseasesseeninin-patients
- Performcommoninvasiveproceduresskillfullyandsafely

COMPETENCIES	3rd YEAR							
	3 Months		6 Months		9 Months		12 Months	
	Level	Cases	Level	Cases	Level	Cases	Level	Cases
NATIVE AND/or TRANSPLANT RENAL BIOPSY	1	2	1	3	2	2	2	3
TEMPORARY DUAL LUMEN CATHETER INSERTION	1	2	1	3	2	2	2	3
ACUTE PERITONEAL DIALYSIS CATHETER INSERTION	1	2	1	3	2	2	2	3
HAEMODIALYSIS: SET UP/INITIATE DIALYSIS TREATMENT	1	2	1	3	2	2	2	3
ASSESS PATIENT AND EQUIPMENT DURING DIALYSIS	1	2	1	3	2	2	2	3
MANAGEMENT OF PATIENT WITH COMPLICATIONS	1	2	1	3	2	2	3	
MACHINE ALARM TROUBLESHOOTING PROCEDURES	1	2	1	3	2	2	2	3
DISCONTINUE DIALYSIS	1	2	1	3	2	2	2	3

COMPETENCIES	4th YEAR							
	15 Months		18 Months		21 Months		24 Months	
	Level	Cases	Level	Cases	Level	Cases	Level	Cases
PROCEDURES								
Native and/or transplant renal biopsy	3	2	3	3	3	2	3	3
Temporary dual lumen catheter insertion	4	2	4	3	4	2	4	3
Acute peritoneal dialysis catheter insertion	3	2	3	3	3	2	3	3
Haemodialysis: Set Up/Initiate Dialysis Treatment	3	2	3	3	3	2	4	3
Assess Patient and Equipment During Dialysis	3	2	3	3	3	2	4	3
Management of Patient with complications	3	2	3	3	3	2	4	
Machine Alarm Troubleshooting Procedures	3	2	3	3	3	2	4	3
Discontinue Dialysis	3	2	3	3	3	2	4	3

COMPETENCIES	5th YEAR							
	27 Months		30 Months		33 Months		36 Months	
	Level	Cases	Level	Cases	Level	Cases	Level	Cases
NATIVE AND/or TRANSPLANT RENAL BIOPSY	4	2	4	3	4	2	4	3
TEMPORARY DUAL LUMEN CATHETER INSERTION	4	2	4	3	4	2	4	3
ACUTE PERITONEAL DIALYSIS CATHETER INSERTION	4	2	4	3	4	2	4	3
HAEMODIALYSIS: SET UP/INITIATE DIALYSIS TREATMENT	4	2	4	3	4	2	4	3
ASSESS PATIENT AND EQUIPMENT DURING DIALYSIS	4	2	4	3	4	2	4	3
MANAGEMENT OF PATIENT WITH COMPLICATIONS	4	2	4	3	4	2	4	
MACHINE ALARM TROUBLESHOOTING PROCEDURES	4	2	4	3	4	2	4	3
DISCONTINUE DIALYSIS	4	2	4	3	4	2	4	3

Medical knowledge

- Knowthedifferentialdiagnosisandtreatmentofcommonlyencountereddiseaseentitiesinmedicine
- Knowtheindications,contraindications,risks,benefits,andalternativestocommonlyperformedinvasiveprocedures

PBPI/SBP

- Knowhowtouseinformationtechnologytosupplementyourmedicalknowledge
- Understandthedepartmentalandinstitutionalperformanceimprovementprojectsandpatientsafetygoals
- Consistentlyutilizeinfectioncontrolstrategies,e.g.handhygiene,andsafeuseofneedlesandothersharps
- Understandtheroleofeachmemberofthepatientcareteam
- Demonstrateabilitytoobtainneededservicesforpatientsandtoimplementappropriatedischargeplans

Interpersonal and communication skills

- Writenotesthataccuratelyandcompletelyreflectthepatient'scondition
- Effectivelycommunicatepatientinformationtocolleagues,consultants,andothermembersofthehealthcareteam
- Establishrapportwithpatientsofdifferentculturalbackgrounds
- Educatepatientsandfamiliesappropriatelyaboutmedicalconditions,diagnosticandtherapeuticplans,anddischargeplans
- Obtaininformedconsentforinvasiveprocedureswithfulldiscussionofrisks,benefits,andalternativestotheprocedure
- Learnthestepsinvolvedindeliveringbadnewstopatients

Professionalism

- Consistentlydemonstraterespectforpatientsandstaffmembers
- Consistentlyputthepatients'interestsaheadofanyotherconsiderations
- Understandtheethicalprinciplesinvolvedinobtainingadvancedirectivesandinformedconsent
- Maintaintheconfidentialityofpersonallyidentifiablepatientinformation

Coreconferencesincludethefollowing:I ntroductoryconcepts

1. Hyper/hypokalemia
2. Hypoxemia
3. Evaluation ofanemia
4. Metabolicacidosis
5. Respiratoryacidosisandalkalosis
6. Hyponatremia
7. Azotemia
8. Dosing ofaminoglycosides
9. Dietaryrequirementsandprescriptions
10. Intravenous fluidtherapy
11. Approachtothepatientwith:
12. Fever
13. Shortness ofbreath
14. Hypertension
15. GIBleeding
16. Alteredmentalstatus
17. Pneumonia
18. Shock
19. Abdominalpain
20. AIDS

21. Seizures
22. Oncologic emergencies
23. Arrhythmias
24. Asthma
25. Hemostatic disorders
26. Chest pain
27. Respirator management
28. Psychiatric emergencies
29. Useofmicrobiologicalstains
30. Interpretationofchestx-rays

Cardiology

1. EKG interpretation
2. Congestive heart failure
3. Angina
4. Acute myocardial infarction
5. Hypertrophic cardiomyopathy
6. Pericardial effusion
7. Endocarditis
8. Syncope
9. Valvular heart disease

Infectious Diseases

1. Bacterialendocarditis
2. AIDS
3. Sepsis
4. Infectiousdiarrhea
5. SexuallytransmitteddiseasesMeningitis
6. Dermatologicmanifestationsofinfectiousdiseases
7. Use ofantibiotics

Endocrinology

1. Insulin dependent diabetesmellitus
2. Non-Insulin dependent diabetesmellitus
3. Thyroiddisease
4. Adrenalfunctionanddysfunction
5. Disordersofthehypothalamusandpituitary
6. Female gonadaldisorders
7. Male gonadaldisorders
8. CalciummetabolismLipiddisorders

Pulmonary Disease

1. Pulmonary functiontesting
2. Sleeprelatedrespiratorydiseases
3. Asthma
4. Chronicobstructivepulmonarydisease
5. Respiratoryfailure
6. PneumoniaTuberculosis
7. Interstitial lungdisease
8. Pulmonaryembolismandvenousthrombosis
9. Lungcancer
10. Pulmonarydiseaseinimmunocompromisedpatients
11. Pleuraldiseases

Gastroenterology

1. Upper gastrointestinal tractbleeding
2. Lower gastrointestinal tractbleeding
3. Diarrhea
4. Inflammatory boweldiseases
5. Cancerofthedigestiveorgans
6. Acuteandchronicpancreatitis
7. Acutehepatitis
8. Chronichepatitisandcirrhosis
9. Treatmentofchronicliverdisease

Rheumatology

1. Rheumatoidarthritis
2. Spondyloarthropathiesandreactivearthritis

3. Crystalarthropathies
4. Systemiclupuserythematosus
5. Lupusnephritis
6. Myositisandpolymyalgiarheumatica
7. Septicarthritis
8. Sclerodermaandmixedconnectivetissuediseases
9. Osteoarthritisandsofttissuerheumatism
10. Vasculitis

Nephrology

1. Approachtodifferentialdiagnosis
2. Diabeticnephropathy
3. Systemicdiseasesandthekidney
4. Kidneystones
5. Renalosteodystrophy
6. Hypertension
7. Glomerulardisease
8. Interstitial renaldisease
9. Roleofradiologyandkidneybiopsy
10. Disordersofsodiumandpotassium
11. Progressionofrenaldisease
12. Drugeffectsonthekidney
13. Complicationsofrenalfailureanddialysis

Hematology/Oncology

1. Disorders ofhemostasis
2. Physiologicadjustmentstoanemia
3. Hemolyticanemias
4. Hemoglobinopathies
5. Myeloproliferativedisorders
6. Plasma celldyscrasias
7. Hodgkin'sandnon-Hodgkin'slymphoma
8. Carcinomaofthelungandcolon
9. Carcinomaofthebreastandprostate
10. Oncologicemergencies
11. Selection and interpretation of diagnostic procedures incancer
12. Introductiontomoleculargenetics

Allergy and Immunology

1. Typesofimmunologicalreactions
2. Immuneresponseandinterleukins
3. Immunodeficiencystates
4. Complementinhealthanddisease
5. Foodallergyandanaphylaxis
6. Urticaria andangioedema
7. EosinophiliaAsthma
8. Rhinitis,sinusitis,andasthma
9. Drugallergy

Pathophysiology

1. Hyponatremia
2. Edemainpulmonarydisease
3. Hepatorenalsyndrome
4. Lacticacidosis
5. Hyperkalemia
6. AdrenaldysfunctionandAIDSPolyuria
7. Diabeticketoacidosis
8. Metabolicalkalosisinheartfailure
9. Mixedacidbasedisturbances
10. Bartter'ssyndrome
11. Hyporeninemichypoaldosteronism
12. Metabolicacidosisduetoingestionofethyleneglycol
13. Hyperosmolar non-ketoticcoma
14. Electrolyteabnormalitiesinalcoholics
15. Hypercalcemia incancer

HEMATOLOGY / ONCOLOGY CURRICULUM

Goals and

ObjectivesPatient care

- Demonstratetheabilitytoperformacomprehensivehistoryandphysicalaswellastheabilitytofocusandadjustthehistoryand physicalbasedoneachpatient'stypeofcancer,severityofillness,levelofcomfort,andabilitytocommunicate
- Knowtheapproachtocommonlyobservedin-patientproblemsofoncologypatients,e.g.pain,acuteshortnessofbreath,fever, acutechangesinmentalstatus
- Demonstrateproficiencyinuseandinterpretationofcommonlaboratorytestsandimagingstudiesinoncologypatients
- Implementthecommontherapeuticprotocolsinoncologypatients
- Performcommoninvasiveproceduresskillfullyandsafely

Medical knowledge

- Knowthetreatmentandprognosisofcommonlyencounteredcancers
- Knowtheindications,contraindications,risks,benefits,andalternativestocommonlyperformedinvasiveprocedures
- Knowtheprinciplesofpainmanagementwithparticularattentiontothemanagementofchronicpainincancerpatients
- Understandthemanagementofnon-painsymptomsinendoflifecare

PBPI/SBP

- Knowhowtouseinformationtechnologytosupplementyourmedicalknowledge
- Consistentlyutilizeinfectioncontrolstrategies,e.g.handhygiene,andsafeuseofneedlesandothersharps
- Understandtheroleofeachmemberofthepatientcareteam
- Demonstrateabilitytoobtainneededservicesforpatientsandtoimplementappropriatedischargeplans
- Understandtheroleofhospicecare–entryrequirementsandbenefits

Interpersonal and communication skills

- Writenotesthataccuratelyandcompletelyreflectthepatient'scondition
- Effectivelycommunicatepatientinformationtocolleagues,consultants,andothermembersofthehealthcareteam
- Establishrapportwithpatientsofdifferentculturalbackgrounds
- Educatepatientsandfamiliesappropriatelyaboutmedicalconditions,prognosis,diagnosticandtherapeuticplans,anddischargeplans
- Obtaininformedconsentforinvasiveprocedureswithfulldiscussionofrisks,benefits,andalternativestotheprocedure
- Learnthestepsinvolvedindeliveringbadnewstopatients
- Learnhowtoapproachthecommondiscussionsinendoflifecare,i.e.advancedirectives,switchingfromaggressivetopalliativeor hospicecare

Professionalism

- Consistentlydemonstraterespectforpatientsandstaffmembers
- Consistentlyputthepatients'interestsaheadofanyotherconsiderations
- Understandtheethicalissuesinvolvedinendoflifecare
- Maintaintheconfidentialityofpersonallyidentifiablepatientinformation

Educational content

- Colorectal cancerscreening

- Epidemiology,diagnosis,andmanagementofcolorectalcancer
- Epidemiology,diagnosis,andmanagementofesophagealcancer
- Epidemiology,diagnosis,andmanagementofgastriccancer
- Epidemiology,diagnosis,andmanagementofpancreaticcancer
- Managementofosteogenicandsofttissuesarcomas
- Epidemiology,diagnosis,andmanagementofmesothelioma
- Prostate cancerscreening
- Epidemiologyofprostatecancer
- Diagnosis,workupandstagingofprostatecancer
- Treatmentoptionsforprostatecancer
- Epidemiology,diagnosis,andmanagementofbladdercancer
- Epidemiology,diagnosis,andmanagementofheadandneckcancer
- Chemopreventioninheadandneckcancer
- Evaluationandmanagementofcancerofunknownprimarysite
- Painandpalliativecareissuesinthecancerpatient
- Neutropenicfeverandotherinfectiouscomplicationsofmalignancies
- Diagnosisandmanagementofsmallbowelobstruction
- Diagnosisandmanagementofmalignantascites
- Metaboliccomplicationsinthecancerpatient
- Neurologic complications in the cancerpatient

AMBULATORY CARE CURRICULUM

Goals andObjectives

Patientcare

- Gainabroadrangeofskillsrequiredforaprimarycareproviders.
- Thecurriculumhighlightsdiagnostictestingforcardiacandpulmonarydiseases,mentalhealthissues,andexposuretonon- medical fields. It allows first hand participation in treatment programs including substance abuse, smoking cessation, and palliativecare.
- Thecurriculumalsoensuresthatresidentsacquirecompetenceininterpretationofgramstainingofsputumandurinalysisby completingrequiredinternettutorialsand,finally,providesanopportunitytolearnthetechniqueofarthrocentesisoftheknee andotherjointsthroughdirectinstructionwithasimulator.

Medical knowledge

- Expandknowledgeofmultipleaspectsofprimarycaremedicinethroughdidacticsessionsoutlinedbelowandself-study

Communicationskills

- Expandandreinforceresearch,writing,andpublicspeakingskillsbyparticipatinginresident-runmorningseminarsontopicsin primarycareandcompletinga1-2pagewritingassignment.

Practice-based performance improvement

- Expandandreinforceresearchandcriticalthinkingskillsbyparticipationinalibrarybasedcomputersearchskillsclass,Journal Club,aswellasaweeklyEvidenceBasedMedicineseminar.
- Thecurriculumisalsointendedtoimproveutilizationofconsultantservicesbyaffordinghousestafftheopportunitytoobserve firsthandhowconsultsarecompletedbyreceivingservices.

PROGRAM DESCRIPTION:

1. **Managed-care clinicassignments:**
   Eachresidentwillbeassignedtoaminimumofoneprimarycareandonespecialtycareclinicperweek.Underdesignatedsupervision, residentswillberesponsibleforassessingnewpatientsassignedtotheclinic.
2. **OtherClinicaltrainingassignments**
   - PalliativeCare-onarotatingbasis,internswillattendthepalliativecareclinictolearnaboutstrategiesfortreatingchronic pain,explorepsychosocialissuesincludingadvancedirectivesrelatedtothecareoftheterminallyill.
   - NoninvasiveCardiology-onarotatingbasis,internswillbeexposedtoechocardiography,chemicalandexercisestress testingtobecomefamiliarwiththeappearanceoftheheartonecho,tolearnhowtointerpretechoreports,and understandroleofthesestudiesindiagnosisandmanagementofcoronarydisease.
   - PFTLab-onarotatingbasis,internswillbecomefamiliarwiththePFTexam,learnhowtointerpretflowvolumeloops, spirometryandABG's,andunderstandtheroleofthistestingintreatmentofobstructiveandrestrictivelungdisease.
   - SmokingCessation-onarotatingbasis,internswillobserveactualsmokingcessationclassesandlearnstrategiesto motivatepeopletoquitsmokingaswellasbehavioralandpharmacologicaltherapiesavailabletofacilitateandmaintain cessation.
   - DiabetesDietClass-onarotatingbasis,internswillobserveactualclassesandlearnaboutstrategiesusedtomotivate peopletochangeeatinghabitsaswellascomponentsofasuccessfulADAdiet.

- Acupuncture – on a rotating basis, residents attend acupuncture clinic. Appropriate selection of patients for a complementaryapproachisstressed.
- Rehab-onarotatingbasis,wherereviewofthephysiatrichistoryandexamwillbestressed.AttendanceinOT/PTclinicand EMGclinicisalsoincludedinthiscomponent.
- MentalHygiene–onarotatingbasis,residentswillattendandobserverecoveryprogramsforalcoholicswithemphasison improvinginterviewingandassessmentskills.Exposuretoothersubstanceabuseprogramsisalsoincludedinthis component.
- PodiatryClinic–onarotatingbasis,residentswillattendbothgeneralpodiatry,diabeticfoot,andwoundclinics.Working withPRIMEPodiatryresidents,residentsreviewtheappropriateexaminationofthefoot,injectionandwoundcare techniques.
- Rheumatology–onarotatingbasis,houseofficerswillattendrheumatologyclinicwherereviewofjointexamination, arthrocentesisandjointinjectionareemphasized
- PainManagement–onarotatingbasis,houseofficerswillattendpainmanagementclinictolearnmoreabouttreatment strategiesforchronic(non-cancerrelated)pain.

3. Didacticsessions:

The following didactic sessions will be held during each month's rotation residents:

1. Dermatology
2. Optometry
3. Neurology
4. PubMedTutorial
5. Rheumatology
6. Jointaspirationandinjection
7. SubstanceAbuse
8. Topics in Psychology/Psychiatry (including PTSD; counseling forchange)
9. PalliativeCare/end-of-life-care
10. Impotence andIncontinence
11. ScreeningGuidelines
12. CHF
13. Diabetes
14. Hypertension
15. FallsintheElderly
16. Coagulation
17. Ethicsissues
18. Obesity

Eachresidentisrequiredtoresearchandleadadiscussiononfourtopicsselectedfromalistofcoreambulatorytopics.Thefocusof thesepresentationsisondiagnosisandtreatmentofmedicalproblemscommonlyseenintheoutpatientsetting..

MEDICAL INTENSIVE CARE UNIT CURRICULUM

Goals

- Becomecompetentintheinitialevaluationandcomprehensivecareofcriticallyillpatients.
- UnderstandindicationsforadmissiontotheICU.
- Formulateandunderstandthedifferentialdiagnosis,diagnosticapproachandtreatmentplanofspecificconditionspertaining tocriticallyillpatients.
- Setinitialventilatorsettingsforpatientswithacuterespiratoryfailure,indicationsfortrachealintubationandnon-invasive ventilation.
- Understandandapplyprinciplesofresuscitationandstabilizationofcriticallyillpatients.
- Functionasamemberofamultidisciplinaryteamcaringforcriticallyillpatients.Becomeaneffectivecommunicatorwithfamily membersandtolearnhowtoaddressendoflifeissueswithpatientsandfamily.

Specific Learning Objectives Patient care:

- Demonstratecompetencyinmedicalinterviewing,physicaldiagnosisanddatacollectionofcriticallyillpatients.
- Formulateadifferentialdiagnosisandoutlineathorough,comprehensiveandorganizedplan.
- Demonstrateorganizationalskillsnecessaryforthecareofcriticallyillpatients,includingprioritizationofpatientproblemsand theuseofinformationtechnology.

Medical knowledge:

- Efficientlyandeffectivelyrecorddailyprogressandeventsinthemedicalrecord.Knowtheindicationsforinvasive andnon-invasiveformsofventilation.Understandthebasicprinciplesofmechanicalventilation,modesofventilation,ventilatory parameters;approachtoreducingventilatorysupport;complicationsofmechanicalventilation;approachtopatientdysynchrony, distressoralarms;andindicationsfortracheostomy.
- Understandtheprinciplesandmethodsoffluidresuscitationforvariousshockstates,theuseofcrystalloidsorcolloids,assessing perfusionatthebedsideandtheendpointsofresuscitation.
- Understandtheapproachtoapatientwithfeverin theICU,includingdiagnosisandtreatmentofhospitalacquiredinfectionsas wellasnoninfectiouscausesoffever.
- Interpret simple and mixed acid-base disorders. Understand the clinical manifestations, pathophysiology and treatment of common electrolytedisturbances.
- Understandthepathophysiologyandmanagementofdiabeticketoacidosis.
- Understandandaddressthebasicnutritionalrequirementsofcriticallyillpatients.
- Understandthediagnosisandtreatmentofanxiety,agitation,painanddeliriumintheICU,includingtheappropriateuseof sedativeswithparalyticsandidentificationofdrug/alcoholwithdrawalsyndromes.
- Understandtheevaluation,approachandtreatmentofseizures(statusepilepticus),CVA,comaandthebasicapproachto diagnosisofbraindeath.
- Understandtheindications/contraindicationsforDVTandstressulcerprophylaxis.
- Understand the indications/contraindications for, risks of, and be able to perform: venipuncture, arterial puncture,arterial catheterization,centralvenousaccess,lumbarpuncture&nasogastrictubeplacement.
- Participateinfamilymeetingsandbeabletodiscussgeneralconditionofapatientwithimmediatefamilymembers.

Communication skills

- Participateinfamilymeetingsandbeabletodiscussgeneralconditionofapatientwithimmediatefamilymembers.
- Demonstrateanabilitytoobtaininformedconsentforproceduresandimagingstudies
- Learntheprocessofdeathnotification

PBPI/SBP

- Understandandimplementproceduresusedtopromotepatientsafetyandminimizeerrors
- Understandandadheretoinfectioncontrolpractices

Professionalism

- Consistentlydemonstraterespectforpatientsandstaffandplacepatients'interestsaboveallotherconsiderations

Daily Schedules & Rounds

ThisteamisresponsibleforthecareofallpatientsintheMICU.Thedayinternsareresponsibleforthecareoftheirassigned patients,althoughthey,aswellasseniorresidents,shouldbefamiliarwithallofthepatientsintheMICU.Beforemorningroundsbegin thedayinternsshouldhaveexaminedeachoftheirpatients,reviewedthecurrentdata(laboratorystudiesandcultures)&formulatedan organized,systematicplanforeachcomponentofthepatient'sproblemlist.Ingeneralpresentationsofexistingpatientsonrounds should consistof:

1. Overnightevents.
2. Vitaldata–Tempmax,pulserange,BPrangerespiratoryrate,ventilatorsettings(ifapplicable),oxygensaturationandinput/output (includingoverallfluidbalanceandaveragehourlyurineoutput).
3. Directedphysicalexaminationthatisspecifictothatparticularpatient.
4. Reviewoflaboratoryresults,includingcultures(thesemustbereviewedaily!)
5. Reviewofthemedicationlist,includingdosagesandintervals(manyofourpatientshavefluctuatingrenalandhepaticfunction, thereforeitisofparamountimportancetoreviewthisinformationinordertoidentifyandpreventtoxicity).
6. Assessment–thismustbebriefandconcise.
7. Plan–thismustbeorganizedandsystemsoriented!Forexample:
    - **Respiratory**–continueorchangeaspectsofventilation,etc.
    - **Infectious**–whatantibioticsthepatientisonandwhatarewetryingcover,cultureresults,etc.
    - **Cardiovascular/Hemodynamic**–vasopressorsinuse,therapiesbeingemployedbasedoninvasivemonitoring,etc.
    - **Hematologic**–bleedingproblems,anticoagulation,etc.
    - **Metabolic**-fingerstickmonitoring,insulinrequirements,electrolytereplacements,changesinrenalfunction,etc.
    - **Alimentary/Nutrition-**assessmentofpatient'snutritionalstatus,hepaticdysfunction,typeofNGTfeeds,rateofinfusion, TPN/PPN,etc.
    - **Neurologic**–sedativesorparalyticdrugs,etc.
    - **DVTProphylaxis**–pneumaticcompressiondevices(atthebareminimum)andLMWHiftherearenobleedingissuesor contraindications.

- **StressUlcerProphylaxis**–eitheranH2blockeroraPPI.(Thisappliestoallpatientswhoaremechanicallyventilatedor NPO.)

Itisimportanttomaintainasystematicapproachevenifthereisnoprobleminaparticularsystem.Thisensuresthatallaspects ofICUcarearebeingaddressed.Afternoonroundswillbeginat5PMtoprovidefollow-upofthedaysevents,newadmissionsand plansfortheon-callresidentsandfellow.

Notes & Documentation

- Aprogressnotefromeitheraninternorresidentisrequiredforeachpatient,everyday!
- Pleasemakesuretofilloutconsultationrequestscompletely,includingdateandtimecalled,reasonforconsultation;print andsignyourname.
- Wheneverapatientisbeingtransferredtothegeneralwardortoanotherserviceadetailedsummarynote,including presentingcomplaintandhospitalcourseisrequired,inadditiontothedailynote.

Patients who die in the ICU require the following:

1. **DeathNote**–anotedocumentingthattherearenosignsoflifeonphysicalexamination.
2. **DeathSummary**–anotethatdetailswhythepatientwasadmittedandabriefhospitalcourse.
3. **CodeNote(ifapplicable)**–anotedocumentingwhenacodewascalled,statusofthepatientonyourarrival,ACLSprotocol employed,durationofthecodeandoutcome.
4. **DeathCertificate.**

IfapatientisdischargedhomefromtheICUthenastandarddischargenoteisrequired.Chartsthatarelackingthesecomponents aredeemedincompleteandwillrequirethattheresidentorinterngotoMedicalRecordstocompletedeficientcharts.Failureto complywiththispolicywillbenotedbytheDepartmentofMedicine.

Standard Precautions

Handwashingoruseofanalcohol-basedgelismandatorybeforeandaftereachpatientinteraction.Thisisthebestwayto reducethespreadofbacteriafrompatienttopatient.

Stethoscopesshouldbecleanedbetweeneachpatientcontactwithanalcoholpad.Resistantbacteriarequiremasks,gowns,andgloves forANYcontactintheroom.Whenused,disposeinproperreceptacleINthepatient'sroom.Donotbringflowsheetsorchartsinto isolationrooms!

Respiratory masks are required for all patients on respiratory isolation.

Invasive Procedures

TheMICUfellowisresponsibleforsupervisingorperformingallrelevantinvasiveprocedures.Appropriateinformedconsentmustbe obtainedfromthepatientpriortotheprocedure.Residentsmustbesupervisedforprocedurestheyarenotcertifiedinbyeithera certifiedfelloworattending.**Donotattempttoperformaprocedureifyouarenotconfidentinyourabilitytodoso.**

- **Centralvenousaccesssitepreference:jugularvs.subclavianvs.femoral.Femoralaccessshouldbeobtainedonlyfor emergentaccess,sincethereisahigherriskforinfectionandDVT.**
- Steriletechnique–cap,sterilegown&gloves,drapes,supervision.Pleasebeveryattentivetoyourfieldandmaintenanceofsterility. Remember,thetechniqueyouemployduringtheprocedurewilldeterminethelikelihoodofdevelopinganinfectiouscomplication!
- Povidoneiodinesolutionisusedforsterilizationinstandardway.
- Antibiotic-coatedcentrallines(bluecatheters)shouldbechangedevery10days&arteriallinesevery7days.Inadditionallcatheter

sites should be evaluated each day for signs of infection.

- GuidewirelinechangesforcentralvenouslinesONLYwhenanewstickcannotbedoneorwhenchangingaPAcathetertoTLC(See Protocol)–allvenouscathetertipsmustbecutintoasterilecontainerandsentforsemi-quantitativeculture.
- ProcedureformsshouldbefilledoutforALLinvasiveproceduresdoneintheICU.
- Donotdrawbloodfromcentrallinesbecauseitbreakssterility!
- Thenurseswilldocentrallineandarteriallinedressings.

Orders

Verbal orders do not exist in the ICU!

- Admissionordersonordersheets,includingadmission,attendingofrecord,patient's condition,dailylabs,etc.
- Allordersmustbecommunicatedverballytothenurseinadditiontocomputerentry.Thiswillensurethatallmembersoftheteam knowwhatchangesareoccurringforaparticularpatient'scareandthatthosechangeswillbeimplementedinatimelyfashion.
- Ventilatorchangesmustbeorderedinthecomputerandcommunicateddirectlytotherespiratorytherapist.
- Reviewmedicationsheetsdailyfromthenurses'medicationlist.
- TPN&PPNordermustbeinby12noon.

Labs

- Reviewneedfordailylabs,EKG's andCXR's.
- RespiratorytherapistsarecertifiedtodoradialABGsonly(andnototherlabs!)

Clinical Protocols

- SedationistitratedtotheRamseyscale.Usemidazolaminfusioniffirstchoiceisanxiolysis/sedation.Foranticipatedshortterm intubations,usepropofol.Foragitateddelirium,usehaloperidolbyintermittentdosing,rarelybyinfusion.
- Neuromuscularblockade-preferredagentiscis-atracuriumwhichismostlymetabolizedinthebloodandtissues,soitcanbegiven inliverorrenalfailure.Doseistitratedtoventilatorsynchrony,andismonitoredbythe"trainoffour."Adrugholidayshould ideallybegivenonceadaytopermitaneurologicalexam,toseeifthepatientstillneedstobeparalyzedandifthelevelof sedationisadequate.DailyCKlevelsmustbesentwhilethepatientisoncontinuousneuromuscularblockade.
- DVTprophylaxis-pneumaticcompressionboots,lowdosewarfarin.Doubleprophylaxis(compressionbootsandsomethingelse) shouldbegiventohighriskpatients(sedatedparalysis,hemiplegia,andfemorallines-virtuallyallofourpatients).
- GIprophylaxis-allmechanicallyventilatedorNPOpatientsmustreceiveprophylaxiswithanH2blockerorPPI.Ifthereisnoclinical preferenceH2blockershouldbethedefaultchoiceandwheneverpossibleenterally.

Nutrition

Althoughtheclinicalnutritionistoftenassesseseachpatientandrecommendsnutritionalorders,housestaffisexpectedtounderstand andknowthepatient'snutritionalregimenandrequirements.

Boarding

Senior members of the team usually handle boarding of patients in other ICU's. Beds cannot be "saved" for potential admissions.

Bedside & Transport Equipment

Youshouldbefamiliarwithhowtousethestandardequipment,includingbedcontrols,ambu-bags,IVpumps,monitoringequipment andinlinesuctioncatheters.Fortransportingpatients,youshouldbefamiliarwiththeLifepak/ambu-bag/oxygenmaskandemergency medications,aswellaswhatmedicationsthepatientarebeingtransportedwithandwhichIVsitecanbeusedtoadminister medicationsinanemergency.**IFYOUDON'TKNOWHOWTOUSESOMETHING,SAYSO!!**

Privacy

Privacyshouldbemaintainedwhileexaminingapatientordoingaprocedureremembertopullcurtainsappropriately.Alsodon'tforget thatthoughthepatientsmaybesedated,theymaystillhearyoutalkingaboutthem,sousejudgmentwhentalkingabo utprognosis,etc. Ifyouremoverestraintsonapatientorputthesiderailsdowntodoaprocedure,**PLEASEREMEMBERTOREPLACETHERESTRAINTS ANDPUTTHERAILSBACKUP.**

InorderfortheICUexperiencetobevaluableandrewardingitisimportanttospendasmuchtimeaspossibleatthepatient'sbedside inordertoappreciatetheclinicalrelevanceofprinciplesthatarediscussedonrounds,suchasfluidresuscitationorchangesin ventilatormanagement.Alsobyworkingwithothermembersoftheteam(nurses,nutritionists,pharmacists,physicianassistantsand respiratorytherapists)youwillmaximizeyourknowledgebasebyunderstandingthedifferentperspectivesofcaringforthecriticallyill. BymakingatherapeuticdecisionandfollowinguponitseffectyouwillbetterunderstandthepracticeofCriticalCareMedicine.

PALLIATIVECARECURRICULUM: Oneofourdepartmentalperformanceimprovementprojectsistoimprovetheteachingof palliativecare.Ourgoalsforyouarestraightforward.

Goals

By the end of the year we want you to achieve the following:

- Understandhowtoprovideoptimalcareforpatientswhoseconditionscannotbecuredandthoseattheendoflife
- Demonstrateproficiencyintheuseofanalgesics,particularlynarcoticanalgesics,inthesettingofchronicpain
- Knowhowtomanagethecommonnon-painsymptomsthatariseinendoflifecare
- Beabletocommunicateeffectivelyandempathicallywithpatientsandfamiliesindeliveringbadnews,andindiscussing prognosisofcommoncancers,advancedirectives,DNRorders,switchingfromaggressivecaretopalliativeorhospicecare,and otherissuesinendoflifecare
- Understandtheethicalissuesinvolvedinpalliativecare
- Utilizeallavailableresources,includinghospicecare,toprovideforpatients'needsandensureasmoothtransitiontooutpatient care

Teaching Methods

- Internsspendamonthontheoncologyserviceandareactivelyinvolvedintreatmentofcancerpatientsaswellasthose undergoing palliativecare.
- Internsmakeweeklyteachingroundswiththephysiciantakingcareofthepalliativecarepatientsontheoncologyservice.
- Regardlessofrotation,internsparticipateinaday-longseminarcoveringallaspectsofpalliativecare.
- Lecturesaregiventhroughouttheyearaspartofthecoreconferenceschedule

CHARTINGTHEROADTOCOMPETENCE:DEVELOPMENTALMILESTONESFORMD NEPHROLOGYPROGRAMATRAWALPINDI MEDICALUNIVERSITY

Remember to celebrate forthe milestonesasyouprepare forthe roadahead----NelsonMandela.

High-qualityassessmentofresidentperformanceisneededtoguideindividualresidents'developmentandensuretheirpreparednesstoprovidepatient care.Tofacilitatethisaim,reportingmilestonesarenowrequiredacrossallinternalmedicine(IM)residencyprograms.Milestonespromotecompetency basedtraininginternalmedicine.Residencyprogramdirectorsmayusethemtotracktheprogressoftraineesinthe6generalcompetenciesincluding ***patientcare,MedicalKnowledge,Practice-BasedLearningandImprovement,InterpersonalandCommunicationSkills,ProfessionalismandSystems-Based Practice.*** Mile stones inform decisions regarding promotion and readiness for independent practice. In addition, the milestones may guide curriculumdevelopment,suggestspecificassessmentstrategies,providebenchmarksforresidentself-directedassessment-seeking,assistremediation byfacilitatingidentificationofspecificdeficits,andprovideadegreeofnationalstandardizationinevaluation.Finally,byexplicitlyenumeratingthe profession's expectations for graduates, they may improve public accountability for residency training.

Table-1	**Developmental Milestones for Internal Medicine Training—Patient Care**		
Competency	**Developmental Milestones Informing Competencies**	**Approximate Time Frame Trainee Should Achieve Stage (months)**	**General Evaluation Strategies Assessment Methods/ Tools**
A. Clinicalskillsandreasoning • Managepatientsusing clinical skills of interviewing and physicalexamination • Demonstrate competenceinthe performance of procedures • Appropriately use laboratoryandimaging techniques	***Historical data gathering***		
	1.Acquireaccurateandrelevanthistoryfromthepatientinanefficientlycustomized,prioritized,and hypothesis driven fashion	8	• Standardizedpatient • Directobservation
	2. Seek and obtain appropriate, verified, and prioritizeddatafromsecondarysources(eg, family, records, pharmacy)	12	
	3.Obtainrelevanthistoricalsubtletiesthatinform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailedinformationthatmaynotoftenbe volunteered by the patient	24	
	4. Role modelgatheringsubtleand reliable information from thepatientforjuniormembers ofthehealthcare team	40	
	Performing a physical examination		
	1.Performanaccuratephysicalexamination thatisappropriatelytargetedtothepatient's	8	• Standardized patient Directobservation

	complaints and medical conditions. Identify pertinent abnormalities using common maneuvers		• Simulation
	2. Accurately track important changes in the physicalexaminationovertimeinthe outpatientandinpatientsettings	12	
	3. Demonstrate and teach how to elicit importantphysicalfindingsforjuniormembers ofthehealthcareteam	24	
	4.Routinelyidentifysubtleorunusualphysical findingsthatmayinfluenceclinicaldecision making,usingadvancedmaneuverswhere applicable	40	
	Clinical reasoning		
	1. Synthesize all available data, including interview,physicalexamination,andpreliminary laboratorydata,todefineeachpatient'scentral clinicalproblem	16	• Chart-stimulatedrecall • Directobservation • Clinicalvignettes
	2.Developprioritizeddifferentialdiagnoses, evidence- based diagnostic andtherapeutic planforcommoninpatientandambulatory conditions	32	
	3.Modifydifferentialdiagnosisandcareplan basedonclinicalcourseanddataasappropriate	32	
	4. Recognizediseasepresentationsthatdeviatefr om common patterns andthatrequire complexdecision making	48	
	Invasive procedures		
	1.Appropriatelyperforminvasiveproceduresand providepost-proceduremanagementfor common procedures	24	• Simulation • Directobservation
B. Deliveryofpatient-centered clinicalcare • Manage patients with progressiveresponsibility • Managepatientsacrossthe	***Diagnostic tests***		
	1.Makeappropriateclinicaldecisionsbasedonthe results ofcommondiagnostictesting,includingbutnotl imitedtoroutine blood chemistries, hematologic studies, coagulation tests, arterial bloodgases,ECG,chestradiographs,pulmonary	16	• Chart-stimulated recall • Standardize dtests

spectrumofclinical diseasesseeninthe practiceofgeneral internalmedicine • Managepatientsinavariety ofhealthcaresettingsto include the inpatient ward,criticalcareunits,the ambulatory setting, and theemergencysetting • Manage undifferentiated acutelyandseverelyill patients • Managepatients in the prevention, counseling, detection, diagnosis,and treatment of gender-specificdiseases • Managepatientsasa consultanttoother physicians	function tests, urinalysis and otherbodyfluids		• Clinical vignettes
	2. Makeappropriateclinicaldecisionbasedontheresults ofmoreadvanceddiagnostictests	24	
	Patient management		
	1. Recognize situations with a need for urgent or emergent medical care, including life-threatening conditions	8	• Simulation • Chart-stimulated recall • Multisource feedback • Directobservation • Chartaudit
	2. Recognize when to seek additional guidance	8	
	3. Provide appropriate preventive care and teach patient regarding self-care	8	
	4.Withsupervision,managepatientswith commonclinicaldisordersseeninthepractice ofinpatientandambulatorygeneralinternal medicine	16	
	5.Withminimalsupervision,managepatients withcommonandcomplexclinicaldisorders seeninthepracticeofinpatientand ambulatory general internal medicine	16	
	6. Initiate management and stabilize patients with emergent medical conditions	16	
	7. Manage patients withconditions that require intensive care	48	
	8. Independentlymanagepatientswithabroad spectrum ofclinicaldisordersseeninthepractice ofgeneralinternal medicine	48	
	9. Manage complex or rare medical conditions	48	
	10.Customizecareinthecontextofthep atient'spreferencesandoverallhealth	48	
	Consultative care		
	1.Providespecific,responsiveconsultationto otherservices	32	• Simulation • Chart-stimulated recall • Multisource
	2. Provideinternalmedicineconsultationforpatientsw ith more complex clinical problems	48	

	requiring detailed risk assessment		feedback • Directobservation • Chartaudit

Table-2 DevelopmentalMilestonesforInternalMedicineTraining—MedicalKnowledge

Competency	Developmental Milestones Informing Competencies	Approximate Time Frame Trainee Should Achieve Stage (months)	General Evaluation Strategies Assessment Methods/ Tools
A. Coreknowledgeofgeneral internalmedicineandits subspecialties • Demonstrate a level of expertiseintheknowledgeof those areasappropriateforan internal medicine specialist • Demonstrate sufficientknowledge totreatmedicalconditionscommonly managed by internists, provide basic preventive care, andrecognize and provide initial management of emergency medical problems	***Knowledge of core content***		
	1. Understand the relevant pathophysiology and basic scienceforcommonmedical conditions	8	• Directobservation • Chartaudit • Chart-stimulatedrecall • Standardizedtests
	2. Demonstrate sufficientknowledgetodiagnoseandtreatcommoncondi tionsthat requirehospitalization	16	
	3. Demonstrate sufficientknowledge to evaluate common ambulatory conditions	24	
	4. Demonstrate sufficientknowledgetodiagnoseand treat undifferentiated and emergent conditions	24	
	5. Demonstrate sufficient knowledge to provide preventive care	24	
	6. Demonstrate sufficientknowledgetoidentifyandtreat medicalconditionsthatrequireintensivecare	32	
	7. Demonstrate sufficientknowledge to evaluate complex orraremedicalconditionsand multiple coexistentconditions	48	
	8. Understandtherelevantpathophysiologyandbasic science for uncommon or complex medical conditions	48	

	9. Demonstrate sufficientknowledge of sociobehavioral	48	

	sciences including but not limited to health care economics, medical ethics, and medical education		
B. Common modalitiesusedin the practice of internal medicine¤Demonstrate sufficientknowledgeto interpretbasicclinicaltests andimages,use common pharmacotherapy, and appropriately useand performdiagnostic and therapeutic procedures.	***Diagnostic tests***		
	1. Understandindications for andbasicinterpretationof common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary functiontests, urinalysis, and otherbodyfluids	16	• Chart-stimulatedrecall • Standardizedtests • Clinicalvignettes
	2. Understand indications for and has basic skills in interpreting more advanced diagnostic tests	24	
	3. Understandpriorprobabilityandtest performance characteristics	24	

Table-3 DevelopmentalMilestonesforNEPHROLOGYTraining—Practice-BasedLearningandImprovement			
Competency	**Developmental Milestones Informing Competencies**	**Approximate Time Frame Trainee Should Achieve Stage (months)**	**General Evaluation Strategies Assessment Methods/ Tools**
A. Learningandimproving via auditofperformance&Systematically analyzepractice usingquality improvement methods, and implement changes with the goal of practice improvement	***Improve thequalityofcare for apanelof patients***		
	1. Appreciate the responsibility to assess and improve care collectively for a panel of patients	16	• Several elements ofquality improvementproject • Standardizedtests
	2.Performorreviewauditofapanelof patientsusingstandardized,disease-specific, and evidence-based criteria	32	
	3.Reflectonauditcomparedwith localornationalbenchmarksand explore possible explanations for deficiencies, including doctor- related, system-related, and patient related factors	32	
	4. Identify areas in resident's own practiceand localsystemthatcanbe changed to improve effect of the processes and outcomes of care	48	
	5. Engage inaqualityimprovement intervention	48	
B. Learning and improvement via answering clinical questions from patient scenarios • Locate,appraise, and assimilate evidence from scientific studies related to their patients' health problems; • Use information technologytooptimize learning	***Askanswerable questions foremerging information needs***		
	1. Identifylearningneeds(clinical questions)astheyemergeinpatient care activities	16	• Evidence-basedmedicine evaluation instruments • EBMmini-CEX • Chart-stimulatedrecall
	2. Classify and precisely articulate clinical questions	32	
	3. Develop asystemtotrack, pursue, and reflect on clinical questions	32	
	Acquires the best evidence		
	1. Access medical information resources to answerclinicalquestionsandsupportdecision making	16	• Evidence-basedmedicine evaluation instruments • EBMmini-CEX • Chart-stimulatedrecall
	2. Effectively and efficiently search NLM database for original clinical research articles	16	
	3. Effectively and efficiently search evidence- based summary medical information resources	32	
	4. Appraise the quality of medical information resources and select among them based on the	48	

	characteristics of the clinical question		
	Appraises the evidence for validity and usefulness		
	1. Withassistance,appraisestudy design, conduct, andstatisticalanalysisinclinicalr esearchpapers	16	• Evidence-basedmedicine evaluation instruments • EBMmini-CEX • Chart-stimulatedrecall
	2. With assistance, appraise clinical guidelines	32	
	3. Independently appraise study design, conduct, and statistical analysis in clinical research papers	48	
	4. Independently, appraise clinical guidelinerecommendationsforbias andcost-benefitconsiderations	48	
	Appliestheevidencetodecision-makingfor individual patients		
	1.Determineifclinicalevidence can be generalizedtoan individualpatient	16	• Evidence-basedmedicine evaluation instruments • EBMmini-CEX • Chart-stimulatedrecall
	2.Customizeclinicalevidenceforan individualpatient	32	
	3. Communicate risksandbenefitsofaltern ativesto patients	48	
	4. Integrate clinical evidence, clinical context, and patientpreferencesintodecisionmaking	48	

C. Learning andimproving via feedback and self-assessment • Identify strengths, deficiencies, andlimits in one's knowledge andexpertise • Setlearningand improvement goals • Identify and perform appropriate learningactivities • Incorporate formativeevaluation	***Improves via feedback***		
	1. Respond welcomingly and productively to feedback from all members of the health care team including faculty, peer residents, students, nurses, allied health workers, patients, and their advocates	16	• Multisourcefeedback • Self-evaluation forms with actionplans
	2.Activelyseekfeedbackfromallm embersofthehealthcareteam	24	
	3. Calibrate self-assessment with feedback and other external data	32	
	4. Reflect onfeedbackindevelopingplans for improvement	32	
	Improves via self-assessment		
	1.Maintainawarenessofthesituation inthemoment,andrespondtomeet	32	• Multisourcefeedback

feedback into daily practice • Participate in the education ofpatients, families, students, residents, and other health professionals	situational needs		• Reflectivepracticesurveys
	2.Reflect(inaction)whensurprised, appliesnewinsightstofutureclinical scenarios, and reflects (on action) back on the process	48	
	Participates in the education of all members of the health care team		
	1. Actively participate in teaching conferences	16	• OSCEwithstandardized learners Direct observation • Peerevaluations
	2.Integrateteaching,feedback,and evaluationwithsupervisionofinterns' and students' patient care	32	
	3. Takealeadership role in the educationofallmembersofthehealth care team.	48	

Table 1 – Developmental Milestones of Internal Medicine Training – Interpersonal and Communication Skills

Competency	Developmental Milestones Informing Competencies	Approximate Time Frame Trainee Should Achieve Stage (months)	General Evaluation Strategies Assessment Methods/ Tools
	Communicate effectively		
A. Patients and family **Communicate effectively with patients, families, and the public, as appropriate, across a** **broad range of socioeconomic and cultural backgrounds**	1. Providetimelyandcomprehensiveverbalan d written communication to patients/advocates	16	• Multisourcefeedback • Patientsurveys • Directobservation • Mentoredself-reflection
	2. Effectively useverbalandnonverbalskillsto create rapport with patients/families	16	
	3. Use communication skills to build a therapeutic relationship		
	4. Engage patients/advocates in shared decision making for uncomplicated diagnostic and therapeutic scenarios	32	
	5. Use patient-centered education strategies	32	
	6. Engage patients/advocates in shared decision making for difficult, ambiguous, or controversial scenarios	48	
	7. Appropriatelycounselpatientsabouttherisks and benefits of tests and procedures, highlighting cost awareness and resource allocation	48	

	8. Rolemodeleffectivecommunicationskills in challenging situations	48	
	Intercultural sensitivity		
	1. Effectively useaninterpretertoengagepatientsintheclinical setting, includingpatient education	8	• Multisourcefeedback • Directobservation • Mentoredself-reflection
	2.Demonstratesensitivitytodifferencesin patientsincludingbutnotlimitedtorace, culture,gender,sexualorientation, socioeconomicstatus,literacy,andreligiousbeliefs	16	
	3. Actively seek to understand patient differences and views and reflects this in respectful communication andshareddecision-making withthepatientandthe healthcare team	40	
B. Physicians andother health care professionals • Communicate effectively with physicians, other health professionals, and health-relatedagencies • Workeffectively asamemberor leaderofahealth care team or other professional group • Act in a consultative role to other physiciansand	***Transitions of care***		
	1. Effectively communicatewithothercaregiversin order to maintain appropriate continuity during transitions of care	16	• Multisourcefeedback • Directobservation • Sign-outformratings • Patientsurveys
	2. Role model andteach effective communication with nextcaregivers during transitions ofcare	32	
	Interprofessional team		
	1. Deliver appropriate, succinct, hypothesis-driven oral presentations	8	• Multisourcefeedback
	2. Effectively communicate plan of care to all members of the health care team	16	
	3. Engage in collaborative communication with all members of the health care team	40	
	Consultation		
	1. Request consultative services in an effective manner	8	• Multisourcefeedback • Chartaudit
	2.Clearlycommunicatetheroleofconsultantto thepatient,insupportoftheprimarycare relationship	16	
	3. Communicate consultative recommendations tothereferringteaminaneffectivemanner	48	

health professionals			
C. Medical records • Maintain comprehensive, timely, andlegiblemedical records	***Health records***		
	1. Provide legible, accurate, complete, and timely written communication that is congruent with medical standards	8	• Chartaudit
	2. Ensure succinct, relevant, and patient-specific written communication	32	

Table-5 DevelopmentalMilestonesforNEPHROLOGYTraining—Professionalism

Competency	Developmental Milestones Informing Competencies	ApproximateTimeFrameTrainee Should Achieve Stage (months)	General Evaluation Strategies Assessment Methods/ Tools
A. Physician ship • Demonstratecompassion, integrity, and respect for others • Responsivenesstopatient needsthatsupersedesself-interest • Account-abilitytopatients, society, and the profession	***Adhere to basic ethical principles***		
	1. Document and report clinical information Truthfully	1.5	• Multisourcefeedback
	2. Follow formal policies	1.5	
	3. Accept personal errors and honestly acknowledge them	8	
	4.Upholdethicalexpectationsofresearchand scholarly activity	48	
	Demonstrate compassion and respect to patients		
	1.Demonstrateempathyandcompassiontoall Patients	4	• Multisourcefeedback
	2. Demonstrate a commitment to relieve pain and suffering	4	
	3. Provide support (physical, psychological, social, andspiritual)fordyingpatientsandtheirfamilies	32	
	4. Provide leadership for a team that respects patient dignity and autonomy	32	
	• Providetimely,constructivefeedbacktocolleagues		
	1. Communicate constructive feedbackto other members of the healthcareteam	16	• Multisourcefeedback • Mentoredself-reflection

	2. Recognize, respondto, andreportimpairmentincolleaguesorsubstandardcareviapeerreview Process	24	• Directobservation
	Maintain accessibility		
	1.Respondpromptlyandappropriatelytoclinical responsibilitiesincludingbutnotlimitedtocalls andpages	1.5	• Multisourcefeedback
	2. Carry outtimelyinteractions with colleagues, patients, andtheirdesignatedcaregivers	8	
	Recognize conflicts of interest		
	1.Recognizeandmanageobviousconflictsof interest,suchascaringforfamilymembersand professional associates as patients	8	• Multisourcefeedback • Mentoredself-reflection • Clinicalvignettes
	2. Maintain ethical relationships with industry	40	
	3. Recognize and manage subtler conflicts of Interest	40	
	Demonstrate personal accountability		
	1. Dress and behave appropriately	1.5	• Multisourcefeedback • Directobservation
	2.Maintainappropriateprofessionalrelationships with patients, families, and staff	1.5	
	3. Ensure prompt completion of clinical, administrative, and curricular tasks	8	
	4. Recognize and address personal, psychological, andphysicallimitationsthatmayaffectprofessional Performance	16	
	5. Recognizethescopeofhis/herabilitiesandaskforsupervisionandassistance appropriately	16	
	6.Serveasaprofessionalrolemodelformore juniorcolleagues(eg,medicalstudents, interns)	40	
	7.Recognizetheneedtoassistcolleaguesinthe provision of duties	40	

	Practice individual patient advocacy		
	1. Recognize when it is necessary to advocate for individual patient needs	8	• Multisourcefeedback • Directobservation
	2. Effectively advocate for individual patient Needs	40	
	Comply with public health policies		
	1.Recognizeandtakeresponsibilityforsituations wherepublichealthsupersedesindividualhealth(eg, reportable infectious diseases)	32	• Multisourcefeedback

B. Patient-centeredness • Respectforpatient privacy andautonomySensitivityand responsiveness to a diverse patient population, including but notlimitedtodiversityin gender, age, culture, race, religion, disabilities, andsexualorientation	***Respect the dignity, culture, beliefs, values, and opinions of the patient***		
	1.Treatpatientswithdignity,civilityandrespect, regardlessofrace,culture,gender,ethnicity,age, or socioeconomicstatus	1.5	• Multisourcefeedback • Directobservation
	2.Recognizeandmanageconflictwhenpatient values differ from their own	40	
	Confidentiality		
	1. Maintain patient confidentiality	1.5	• Multisourcefeedback • Chartaudits
	2. Educate and hold others accountable for patient confidentiality	24	
	Recognize and address disparities in health care		
	1.Recognizethatdisparitiesexistinhealthcare amongpopulationsandthattheymayimpact care of the patient	16	• Multisourcefeedback • Directobservation • Mentoredself-reflection
	2.Embracephysicians'roleinassistingthe publicandpolicymakersinunderstanding andaddressingcausesofdisparityin Diseaseandsuffering	40	
	3.Advocatesforappropriateallocationoflimited health care resources.	40	

Table-6 DevelopmentalMilestonesforInternalMedicineTraining—Systems-BasedPractice

Competency	Developmental Milestones Informing Competencies	Approximate Time Frame Trainee Should Achieve Stage (months)	General Evaluation Strategies Assessment Methods/ Tools
A. Work effectively with othercareprovidersand settings • Work effectively invarioushealth care delivery settings and systems relevanttotheirclinical practice	***Works effectively within multiple health delivery systems***		
	1. Understanduniquerolesandservicesprovidedbylocalhealthcaredeliverysystems.	16	• Multisourcefeedback • Chart-stimulatedrecall • Directobservation
	2. Manageandcoordinatecareandcaretransitionsacrossmultipledeliverysystems, including ambulatory, subacute, acute,	32	

• Coordinate patient care withinthehealthcare systemrelevanttotheir clinicalspecialty • Work in interprofessional teams to enhance patient safetyandimprovepatient carequality • Work in teams and effectively transmit necessary clinical informationtoensuresafe and proper care of patients, including the transitionofcarebetween settings	rehabilitation, and skilled nursing.		
	3. Negotiatepatient-centeredcareamongmultiplecare providers.	48	
	Works effectively within an interprofessional team		
	1. Appreciaterolesofavarietyofhealthcareprovider s, including but not limited to consultants,therapists,nurses,homecare workers, pharmacists, and social workers.	8	• Multisourcefeedback • Chart-stimulatedrecall • Directobservation
	2.Workeffectivelyasamemberwithin theinterprofessionalteamtoensuresafe patientcare.	8	
	3.Consideralternativesolutionsprovided by otherteammates	16	
	4. Demonstratehowtomanagetheteamby usingtheskillsandcoordinatingtheactivities ofinterprofessionalteammembers.	48	
B. Improving health care delivery • Advocate for quality patientcareandoptimal patientcaresystems • Participate inidentifying system errors and implementing potential systemssolutions • Recognize and function effectively inhigh-quality caresystem	***Recognizessystemerrorandadvocatesforsystem improvement***		
	1.Recognizehealthsystemforcesthatincreasethe riskforerrorincludingbarrierstooptimalpatientca re	16	• Multisourcefeedback • Quality improvement project
	2. Identify, reflect on, andlearnfromcritical incidents such as nearmissesandpreventablemedical errors	16	
	3.Dialoguewithcareteammemberstoidentify riskforandpreventionofmedicalerror	32	
	4. Understandmechanismsforanalysis and correction of systems errors	32	
	5.Demonstrateabilitytounderstandand engageinasystem-levelqualityimprovement intervention.	48	
	6. Partnerwithotherhealthcareprofessionalstoiden tify, propose improvement opportunities	48	

	within the system.		
C. Cost-effective care for patients and populations & Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate	***Identifies forces that impact the cost of health care and advocates for cost-effective care***		
	1. Reflect awareness of common socioeconomic barriers that impact patient care.	16	• Standardized examinations • Direct observation • Chart-stimulated recall
	2. Understand how cost-benefit analysis is applied to patient care (ie, via principles of screening tests and the development of clinical guidelines)	16	
	3. Identify the role of various health care stakeholders including providers, suppliers, financiers, purchasers, and consumers and their varied impact on the cost of and access to healthcare.	32	
	4. Understand coding and reimbursement principles.	32	
	Practices cost-effective care		
	1. Identify costs for common diagnostic or therapeutic tests.	8	• Chart-stimulated recall
	2. Minimize unnecessary care including tests, procedures, therapies, and ambulatory or hospital encounters	8	
	3. Demonstrate the incorporation of cost-awareness principles into standard clinical judgments and decision making	24	
	4. Demonstrate the incorporation of cost-awareness principles into complex clinical scenarios	48	

Section-1

MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-2

TOPIC PRESENTATION/SEMINAR

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-3

JOURNAL CLUB

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-4

PROBLEM CASEDISCUSSION

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-5

DIDACTIC LECTURES/INTERACTIVELECTURES

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-

EMERGENCY CASES (Repetition of Cases Should Be Avoided)

(Estimated50casestobedocumented/Year)

(8cases/month)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-7

INDOOR PATIENTS (repetition of cases should be avoided)

(Estimated cases to be attended are 50 patients per year)

SR#	DATE	REG#OFTHE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

R#	DATE	REG#OFTHE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-8

OPD AND CLINICS (repetition of cases should be avoided)

(Estimated cases to be attended are 100 patients per month)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

R#	DATE	REG#OFTHE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT& OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section-9

MEDICAL PROCEDURES

OBSERVED (O)/ASSISTED (A)/ PERFORMED UNDER SUPERVISION (PUS)/PERFORMED INDEPENDENTLY (PI)

SR.#	DATE	REGNO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAILOFPROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-10

MULTI DICIPLINARY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-11

CLINICOPATHOLOGICAL CONFERENCE(CPC)

(50% attendance of CPC is mandatory for the resident every year)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-12

MORBIDITY/MORTALITY MEETINGS

(Total Morbidity/Mortality Meetings to be attended TWO Morbidity/Mortality Meetings per month)

SR#	DATE	REG.#OFTHE PATIENT DISCUSSED	BRIEF DESCRIPTION OF THE CASE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG.#OFTHE PATIENT DISCUSSED	BRIEF DESCRIPTION OF THE CASE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-13

HANDS ON TRAINING/WORKSHOPS

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-14

PUBLICATIONS

SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE /EDITORIAL/CASE REPORT ETC	NAME OF JOURANL	DATE OF PUBLICATION	PAGE NO.	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE /EDITORIAL/CASE REPORT ETC	NAME OF JOURANL	DATE OF PUBLICATION	PAGE NO.	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-15

MAJOR RESEARCH PROJECT DURING MD TRAINING/ANY OTHER MAJOR RESEARCH PROJECT

SNO.	RESEARCH TOPIC	PLACE OF RESEARCH	NAME AND DESIGNATION OF SUPERVISOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SNO.	RESEARCH TOPIC	PLACE OF RESEARCH	NAME AND DESIGNATION OF SUPERVISOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION- 6

1 □

WRITTEN ASSESSMENT RECORD

S.NO	TOPIC OF WRITTEN TEST/EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

S.NO	TOPIC OF WRITTEN TEST/EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-17

CLINICAL ASSESSMENT RECORD

SR.#	DATE	TOPIC OF CLINICAL TEST/ EXAMINATION	TYPE OF THE TEST& VENUE (OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATEDPATIENT,SKILLLABe.t.c)	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	TOPIC OF CLINICAL TEST/ EXAMINATION	TYPE OF THE TEST& VENUE OSPE, MINICEX,CHART STIMULATED RECALL, DOPS, SIMULATEDPATIENT,SKILLLAB e.t.c	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-18

ToBeFilledAttheEndof1st Yearof Training

Evaluation records

RAWALPINDIMEDICALUNIVERSITY

SUPERVISORAPPRAISALFORM

Resident'sName:_____ **HospitalName:**_____

Evaluator'sName(s):_____ **Department:**_____ **Unit:**_____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in variousworkshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibtssystem based learning methods smartly					
c) Exihibtspractice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e)Activelytakespartinmorning&eveningteachingandlearningsessions&noonconferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly andeconomically					

i)Accomplishesaccuratemanagementofdifferentmedicalcaseswithminimalassistanceor supervision					
j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

TotalScore_____/155

_____ _____ _____ _____

Date Resident'sName&Signatures Date Evaluator's Signature&Stamp

RAWALPINDIMEDICALUNIVERSITYSUPERVISORAPPRAISALFORM

ToBeFilledAtTheEndOf2nd YearOf Training

Resident'sName: _____ **HospitalName:** _____

Evaluator'sName(s): _____ **Department:** _____ **Unit:** _____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in variousworkshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibtssystem based learning methods smartly					
c) Exihibtspractice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e)Activelytakespartinmorning&eveningteachingandlearningsessions&noonconferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly andeconomically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

supervision					
j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

TotalScore_____/155

_____ _____ _____ _____

Date Resident'sName&Signatures Date Evaluator's Signature&Stamp

RAWALPINDIMEDICALUNIVERSITYSUPERVISORAPPRAISALFORM

ToBeFilledAttheEndOf3rdYearOfTraining

Resident'sName: _____ **HospitalName:** _____

Evaluator'sName(s): _____ **Department:** _____ **Unit:** _____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in variousworkshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibtssystem based learning methods smartly					
c) Exihibtspractice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e)Activelytakespartinmorning&eveningteachingandlearningsessions&noonconferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly andeconomically					
i)Accomplishesaccuratemanagementofdifferentmedicalcaseswithminimalassistanceor supervision					

j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

TotalScore_____/155

_____ _____ _____ _____

Date Resident'sName&Signatures Date Evaluator's Signature&Stamp

RAWALPINDIMEDICALUNIVERSITYSUPERVISORAPPRAISALFORM

ToBeFilledAtTheEndOf4th YearOf Training

Resident'sName: _____ **HospitalName:** _____

Evaluator'sName(s): _____ **Department:** _____ **Unit:** _____

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in variousworkshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibtssystem based learning methods smartly					
c) Exihibtspractice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e)Activelytakespartinmorning&eveningteachingandlearningsessions&noonconferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly andeconomically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

supervision					
j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

TotalScore_____/155

Date Resident'sName&Signatures Date Evaluator's Signature&Stamp

RAWALPINDIMEDICALUNIVERSITYSUPERVISORAPPRAISALFORM

ToBeFilledAtTheEndOf5th YearOf Training

Resident'sName: _____ HospitalName:____
Evaluator'sName(s):_____**Department:**____**Unit:**__

1. Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in variousworkshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exihibtssystem based learning methods smartly					
c) Exihibtspractice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e)Activelytakespartinmorning&eveningteachingandlearningsessions&noonconferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
h) Uses resources sensibly andeconomically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

supervision					
j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
a) Demonstrates punctuality and regularly begins work as scheduled					
b) Contacts supervisor concerning absences on a timely basis					
c) Contacts supervisor without any delay regarding any difficulty in managing any patient					
d) Can be depended upon to be available for work independently					
e) Manages own time effectively					
f) Manages Outdoor Patient Department (OPD) efficiently					
g) Accepts responsibility for own actions and ensuing results					
h) Demonstrates commitment to service					
i) Shows Professionalism in handling patients					
j) Offers assistance, is courteous and works well with colleagues					
k) Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score___/155

Date Resident's Name & Signatures Date Evaluator's Signature & Stamp

SECTION-18

EVALUATION/REMARKSBYUNIVERSITYTRAININGMONITORINGCELL(UTMC)WORKINGUNDERDEPARTMENTOFMEDICAL EDUCATION(DME)

(AT THE END OF 1ST YEAR OF TRAINING)

SECTION-18

EVALUATION/REMARKSBYUNIVERSITYTRAININGMONITORINGCELL(UTMC)WORKINGUNDERDEPARTMENTOFMEDICAL EDUCATION(DME)

(AT THE END OF 2ND YEAR OF TRAINING)

SECTION-18

EVALUATION/REMARKSBYUNIVERSITYTRAININGMONITORINGCELL(UTMC)WORKINGUNDERDEPARTMENTOFMEDICAL EDUCATION(DME)

(AT THE END OF 3RD YEAR OF TRAINING)

SECTION-18

EVALUATION/REMARKSBYUNIVERSITYTRAININGMONITORINGCELL(UTMC)WORKINGUNDERDEPARTMENTOFMEDICAL EDUCATION(DME)

(AT THE END OF 4th YEAR OF TRAINING)

SECTION=18

EVALUATION/REMARKSBYQUALITYENHANCEMENTCELL(QEC)WORKINGUNDERDEPARTMENTOFMEDICALEDUCATION(DME)
(ATTHEENDOF1ST YEAROFTRAINING)

SECTION=18

EVALUATION/REMARKSBYQUALITYENHANCEMENTCELL(QEC)WORKINGUNDERDEPARTMENTOFMEDICALEDUCATION(DME)

(ATTHEENDOF2ND YEAROFTRAINING)

SECTION-18

EVALUATION/REMARKSBYQUALITYENHANCEMENTCELL(QEC)WORKINGUNDERDEPARTMENTOFMEDICALEDUCATION(DME)

(ATTHEENDOF3RDYEAROFTRAINING)

SECTION-18

EVALUATION/REMARKSBYQUALITYENHANCEMENTCELL(QEC)WORKINGUNDERDEPARTMENTOFMEDICALEDUCATION(DME)

(ATTHEENDOF3RDYEAROFTRAINING)

SECTION-18

EVALUATION/REMARKSBYQUALITYENHANCEMENTCELL(QEC)WORKINGUNDERDEPARTMENTOFMEDICALEDUCATION(DME)
(ATTHEENDOF4th YEAROFTRAINING)

SECTION-18

EVALUATION/REMARKSBYUNIVERSITYTRAININGMONITORINGCELL(UTMC)WORKINGUNDERDEPARTMENTOFMEDICAL EDUCATION(DME)

(AT THE END OF 5ST YEAR OF TRAINING)

SECTION-19

LEAVE RECORD

(Signed & Approved Leave Application/Certificate to Be Kept In Record and To Be Brought In Meetings with URTMC & QEC)

SR.#	TYPE OF LEAVE(Casual Leave, Sick Leave, Ex –Pak Leave, MaternityLeave,AnyOtherKind Of Leave)	YEAR	DATE		REASON	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
			FROM	TO			

SECTION-20

Year -I

RECORD SHEET OF ATTENDANCE/COUNCELLING SESSION/DOCUMENTATION QUALITY PER YEAR

TO BE FILLED AT THE END OF FIRST YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF SECOND YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF THIRD YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FIFTH YEAR OF TRAINING

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS SIGNATURE (Name/Stamp)
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

SECTION-21

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS

SECTION-21

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS