

# **SRI BALAJI VIDYAPEETH**

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

Pillaiyarkuppam, Puducherry - 607 402

**Mahatma Gandhi Medical College and Research Institute**

**Shri Sathya Sai Medical College and Research Institute**



## **COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM M.D. COMMUNITY MEDICINE (2020 Onwards)**

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

## **Preface**

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of the much awaited Competency Based Medical Education (CBME) for post graduate by the Medical Council of India (MCI) (superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move.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

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## Preface

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out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors) , adoption of CBME for post-graduate by it is welcome move.

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

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



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## Foreword

Community medicine is known by various other names namely community health, public health, preventive and social medicine, etc., and each term has its own origin. In the 19th century, Modern Public Health started as an offshoot of the works of E Chadwick on environmental and sanitation conditions in London. Origin of community medicine in India can be traced back to 1946. Health Survey and Development Committee (Bhore) Report recommended a 3 month compulsory training for physicians in preventive and social medicine. Focus then was to impart preventive as well as curative service training to the physicians. Community medicine departments have ever since played an important role in imparting public health education at undergraduate and postgraduate level. The speciality has since undergone many modifications which necessitate revamping of the curriculum both at the undergraduate and postgraduate levels. Keeping this in mind, we have undertaken to re-write the curriculum keeping in mind the latest developments and the skill-sets expected from a community medicine specialist.

Wish the faculty and post-graduates a fruitful teaching – learning experience.

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This document named postgraduate curriculum for the **MD Community Medicine** has been prepared in the accordance with the document notified by Board of Governors in suppression of MCI <https://www.mciindia.org/CMS/information-desk/for-colleges/pg-curricula-2>. This document has been prepared by the Department of Community Medicine of MGMCRI, Puducherry, ratified by the Board of Studies on 11.05.2020 and approved by Academic Council of Sri Balaji Vidyapeeth, a deemed to be university, accredited 'A' Grade by NAAC

## **Board of studies for MD Community Medicine**

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**Sri Balaji Vidyapeeth University**  
**Department of Community Medicine**  
**Post-Graduate Program**

**1. Preamble:**

Community Medicine is the branch of medicine concerned with the health of populations. It strives to protect and promote the health and well-being of the community through the Primary Health Care approach.

Health needs of populations are measured and appropriate strategies are developed to improve the health status of the community through health promotion, disease prevention and health protection.

The Community Physician demonstrates excellence in health administration, health research, academics and leadership skills. He/she is instrumental in development of public health policy, design, implementation and evaluation of health programs and applies them to a broad range of community health issues.

Postgraduate training in Community Medicine aims at nurturing Primary Care Physicians who can recognize and manage common health problems in the community. The Community-oriented Primary Care Physician will have the ability to identify, prioritize and manage the health problems of the community. He/She would be an effective leader of the health team at primary care level.

Health care has attained wider connotations than merely care during illness. The attainment of health by the individual, family and community is a cherished goal. Optimal use of restricted resources required planning and management, making the goal an even more challenging one. After acquiring the required training in MD (Community Medicine), the specialist will have more versatility, focus and commitment in helping reaching the goal.

The competency based curriculum should take into account the needs of the society, both local and global. It needs to outline the demand for the present day as well as future. The curriculum needs to be reviewed at least every five years to address the trending

needs, as new knowledge is evolving and communication of the same is seamless. Accordingly the competencies need to meet the societal needs detailing the cognitive, psychomotor and affective domain development for attaining these competencies.

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

It is with this in mind the following curriculum has been planned for the award of MD (Community Medicine) by Sri Balaji Vidyapeeth University.

## **2. Program Educational Objectives (PEO):**

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

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

**PEO1:**Public health Specialist who can provide comprehensive primary health care, assess community needs and provide suitable intervention at all levels.

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

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

**PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher

**PEO5:** Professional who understands and follows the principle of bio-ethics/ethics related to health care system.

### **3. Program Outcome (PO):**

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

After three years of residency program, the postgraduate in Community Medicine should be able to **PO1:**Identify, manage, prioritize the health needs and demands of the community and formulate an appropriate plan of action.

**PO2:**Implement and evaluate health programs, assess and allocate resources appropriately and manage health information.

**PO3:**Establish surveillance system and respond to public health threats.

**PO 4:**Plan and execute a research study, perform appropriate bio-statistical analysis and prepare reports.

**PO5:**Assist in undergraduate teaching learning activities and evaluation.

**PO6:**Identify patient safety and system approach to medical errors.

**PO7:** Identify the needs of patients and society and provide cost effective preventive care and advocacy.

**PO8:** Communicate with stake holders of the health care system.

**PO9:**Perform SDL and Critical appraisal of medical literature.

**PO10:** Informed consent and shared responsibility.

### **4. Course and Course Objectives (CO):**

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

#### **4.1 Course 1 (C1):General epidemiology, biostatistics, demography, behavioural & environmental sciences**

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

C1.1 Plan and organize epidemiological studies, collect, analyse data, choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and arrive at community diagnosis.

C1.2 Organize and work in team for community health services including camps, use of ICT

for health education, training of health workers in public health activities.

C1.3 Basic Course in Biomedical Research, Data collection and analysis, Scientific communication

C1.4 Develop a plan for vector control strategies in case of epidemic/s C1.5 Investigate and respond to an outbreak or epidemic

C1.6 Implement biomedical waste management, water quality analysis, solid and liquid waste disposal as per latest guidelines

#### **4.2 Course 2 (C2): Epidemiology, prevention & control of communicable & non- communicable diseases.**

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

C2.1 Clinically manage diseases of public health importance within the broader context of environmental, family, society as per national policies.

C2.2 Perform general medical and surgical procedures.

C2.3 Develop linkage for emergency preparedness in hospital.

C2.4 Conduct small groups and large group sessions for undergraduate medical students and use ICT tools for classroom teaching.

#### **4.3 Course 3 (C3): Health care & special groups, nutrition**

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

C3.1 Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.

C3.2 Assess needs of the community (including vulnerable groups) for organizing health services.

C3.3 Identify, assess and suggest preventive and control measures for common occupational diseases.

C3.4 Nutritional status assessment of families communities and develop the plan to implement nutritional interventions

#### **4.4 Course 4 (C4): Healthcare administration and health management**

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

C4.1 Apply the concepts of Primary health care, Health for All and International health as Public health specialist.

C4.2 Participate in the various disease surveillance systems of the government and

notification of diseases.

C4.3 Review and comment on ongoing health programmes and schemes including various legislations and laws pertaining to health.

C4.4 Develop linkages with the local health governance, local NGOs and grassroots agencies, public health expert and colleagues.

C4.5 Use basic concepts of health economics to develop, analyse and interpret budget for research study/health project

#### 4.5 Mapping of PEO, PO and CO:

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

	PEO 1				PEO2		PEO3	PEO 4		PEO 5
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10
C1		Y		Y					Y	Y
C2			Y		Y				Y	Y
C3	Y					Y	Y		Y	Y
C4	Y	Y	Y			Y	Y	Y	Y	

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

## 5. Competencies, Sub-competencies and Milestone:

At the end of the MD course in Community Medicine, the student should have acquired various competencies i.e. medical knowledge, patient care, interpersonal communication skill, system based practice, practice based learning and implementation and professionalism. Details of each with milestone as level is described below. (Table 5.1)

### Domain of Competencies

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

**Table 5.1. Description of Competencies, Sub-competencies and Milestone**

**Medical Knowledge (MK):**

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care)

	Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.					
<b>Medical Knowledge (MK):</b>					
<b>MK 1</b>	<p><b>Recognizes</b> distinctions between population and individual health services.</p> <p><b>Define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health</p>	<p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Lists</b> populations known to be underserved (e.g., low income).</p>	<p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of</p>	<p>Uses program goals and/or established performance criteria to <b>evaluate</b> a population-based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements.</p> <p>Uses data to <b>identify</b> barriers to population-based health services.</p>	<p><b>Develops</b> program goals and/or performance criteria to evaluate a population-based health service.</p>

<p><b>MK 2</b></p>	<p>Apply the principles of epidemiology and conduct health research using appropriate biostatistical techniques for quantitative and qualitative research.</p>	<p>problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Recognizes</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p>	<p><b>Defines</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others)</p>	<p>population-based health service.</p> <p><b>Independently utilizes</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets.</p> <p>Participates in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)</p>	<p><b>Selects</b> appropriate methods for analysing data;</p> <p><b>Performs</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Utilizes</b> appropriate software for data management and statistical analyses;</p> <p><b>Recognizes</b> the need to use complex statistical analyses (e.g., survival analysis, repeated measures)</p>	<p><b>Independently analyses</b> large data sets using complex statistical methods.</p> <p><b>Prepare</b> health project proposals with budgeting based on the project objectives.</p>
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<p><b>MK 3</b></p>	<p><b>Conduct epidemiological research studies to establish cause-effect relationships in the epidemiology of diseases and health events.</b></p>	<p><b>Distinguishes</b> between experimental and observational studies</p>	<p><b>Explains</b> what is meant by validity, bias, confounding, and effect modification.</p> <p>Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional).</p> <p><b>Distinguishes</b> between association and causation; lists criteria for causal inference</p>	<p><b>Critically reviews and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>	<p>Able to <b>design</b> and conduct a basic epidemiological study (defines aims; <b>Selects</b> appropriate study designs; <b>Collects, analyses, and interprets</b> data and <b>identifies</b> <b>Discusses</b> findings and limitations.</p>	<p><b>Independently designs and conducts</b> a complex epidemiological study that addresses confounding and effect modification analytically, suitable for peer-reviewed publication</p>
<p><b>MK 4</b></p>	<p><b>To describe and apply the principles of health economics in various public health settings including role of insurance and taxation on health care management</b></p>	<p><b>Defines</b> common key-terms used in health economics.</p> <p>Can <b>evaluate</b> socio-economic status of the family / community.</p>	<p><b>Explains</b> the basis of health economics in health care institution to achieve the goal.</p> <p><b>Describes</b> the various quantitative management techniques. Eg. cost-benefits analysis.</p>	<p><b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p>	<p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health <b>&amp; formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p><b>Develops</b> the capacity of handling the health project/s individually.</p>

<p><b>MK 5</b></p>	<p><b>Identification of various hazards in a specific occupational environment, to relate the history of symptoms with specific occupation, diagnostic criteria, suggest measures to prevent occupational hazards at different levels.</b></p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place. <b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace (occupational) or environmental exposures.</p>	<p><b>Understands</b> controls that can be used to reduce exposures in the workplace. <b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis,</p>	<p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness <b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>. <b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p>	<p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>. <b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures. <b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for</p>	<p><b>Leads a team to evaluate and identify</b> a previously unrecognized workplace or environmental cause of injury or illness. <b>Participates</b> in cases of complex occupational injury and illness that require tertiary prevention measures such as multidisciplinary case management, specialty referral, and advanced accommodation</p>
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			assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).	<b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)	<b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).	complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management.	systems, provides supervision of other independently licensed health care professionals, receives minimal oversight by attending physician.
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<p><b>MK 6</b></p>	<p><b>To describe the working of Primary Health Care system, Panchayat Raj system, National Health Programmes, Health Policy planning, urban/rural differences, RCH, Demography and Family Welfare and integration of alternative Health system including AYUSH.</b></p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease. <b>Explains</b> the basics concepts in demography and family planning.</p>	<p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH.</p>	<p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.</p>	<p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement.</p>	<p>Provides training to health care workers as per the guidelines of various national health programs.</p>
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Patient Care (PC)	Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>PC 1</b>	<p><b>Identify behaviour pattern which is detrimental or adversely affecting their health of individual or group of individuals.</b></p> <p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p>	<p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p>	<p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>	<p><b>Develops and evaluates</b> programs to change health behaviours of individuals.</p>	

<p><b>PC 2</b></p>	<p><b>Demonstrate clinical skills for examination establishing provisional diagnosis, interpretation of laboratory findings and provide treatment for diseases of public health importance within the broader context of environmental, family, society as per national policies.</b></p>	<p>Obtains history and does basic physical examination. Prescribes indicated medications.</p>	<p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Identifies diseases and conditions that require a public health response.</p>	<p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance. Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Accurately diagnoses and effectively treats complex conditions and unusual presentations of diseases /conditions of public health significance.</p>
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<p><b>Interpersonal Communication Skills (ICS) 1</b></p>	<p>Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals</p>	<p><b>Level 1</b></p>	<p><b>Level 2</b></p>	<p><b>Level 3</b></p>	<p><b>Level 4</b></p>	<p><b>Level 5</b></p>
<p><b>ICS 1</b></p>	<p><b>Organize and work in team for community health services including camps, use of ICT for health education training of health workers in public health activities and different occupational groups.</b></p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p>	<p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p>	<p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p>	<p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Provide</b> training on communication and counselling skills.</p> <p><b>Conduct</b> Health Education Programmes in urban and rural settings.</p> <p>Role models leadership, integration, and optimization of care teams to provide quality, community services.</p>

<p><b>ICS 2</b></p>	<p><b>Do orientation of the inter-linkage of health sector and non-health sector for promotion of Health &amp; control and prevention of diseases.</b></p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p>	<p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p>	<p>Works effectively in inter-professional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Educates other health care professionals, grass root workers regarding linkages</p> <p>Provides effective consultation in complex and atypical patients</p> <p>Provide appropriate role modeling</p> <p>Applies innovative approaches for leading the team</p>
<p><b>ICS 3</b></p>	<p><b>Use modern IT applications especially internet &amp; internet-based applications for health education &amp; communications</b></p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education.</p> <p><b>Demonstrates</b> the advantages and disadvantages of various ICT tools</p> <p>Collects.</p>	<p><b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings.</p>	<p>Incorporates the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention.</p>	<p><b>Demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p><b>Ability</b> to Integrate the practice and community data to improve population health by proper training of appropriate health care workers</p>



<p><b>ICS 4</b></p>	<p><b>Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; communicate effectively with physicians, other health care professionals and health related agencies; work effectively as a member or leader of a health care team or other professional group; act in a consultative role to other physicians and health professionals</b></p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p>	<p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p>	<p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>	<p>Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to communicate effectively with the health care team in stressful situations/crises.</p> <p>Works effectively with the health care team in stressful situations/crisis</p>	<p>Creates policy for effective communication of complex health information.</p> <p>Demonstrates effective communication outside of the local healthcare environment, such as state and federal agencies, regional health care systems.</p> <p>Understands the importance of working with diverse stakeholders outside of the local health care environment, such as state and federal agencies, regional health care systems</p>
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<p><b>System Based Practice (SBP)</b></p>	<p>Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care.</p>	<p><b>Level 1</b></p>	<p><b>Level 2</b></p>	<p><b>Level 3</b></p>	<p><b>Level 4</b></p>	<p><b>Level 5</b></p>
<p><b>SBP 1</b></p>	<p><b>To develop an emergency Preparedness and Response for disasters common in India.</b></p>	<p><b>Demonstrates</b> knowledge of triage concepts. <b>Demonstrates</b> basic skills in emergency medical care.</p>	<p><b>Classify</b> the injured persons as per standard triage guidelines. <b>Demonstrates</b> basic knowledge of emergency preparedness plan.</p>	<p><b>Demonstrates</b> and <b>applies</b> understanding of emergency preparedness programs</p>	<p><b>Demonstrates</b> the ability to develop and evaluate the medical portion of an emergency plan. <b>To develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>	<p>Provides leadership in <b>developing, implementing, and evaluating</b> emergency preparedness plan.</p>

<p><b>SBP 2</b></p>	<p><b>Use and apply various instruments and processes concerned with environmental health and biological waste management eg. waste collection, segregation and disposal as per protocols, needle-disposers, disinfection procedures.</b></p>	<p>Describes the types of hospital wastes generated in Hospital</p>	<p>Demonstrates the difference between infectious and non-infectious waste.</p>	<p>Explain the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p>	<p>Demonstrates an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>	<p>Demonstrates the bio-medical waste to RHTC, UHTC Staffs and implement the same.</p>
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<p>Practice-based Learning and Improvement (PBLI):</p>	<p>Demonstrate the commitment to learn by practice and improve upon their ability.</p>	<p><b>Level 1</b></p>	<p><b>Level 2</b></p>	<p><b>Level 3</b></p>	<p><b>Level 4</b></p>	<p><b>Level 5</b></p>
<p><b>PBLI 1</b></p>	<p><b>Identify environmental health issues in a given area / community and plan awareness programmes at various levels on environmental issues.</b></p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants. <b>Identifies</b> major routes of human exposure to environmental toxicants. <b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p>	<p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community. <b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, SlingPsychrometer).</p>	<p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures. <b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards. <b>Plans</b> awareness programmes at various levels on environmental issues</p>	<p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations. <b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p><b>Recommends, interprets, and explains</b> the results of individual environmental monitoring. <b>Interprets and explains</b> population level environmental monitoring results.</p>

<p><b>PBLI 2</b></p>	<p><b>Does data collection, compilation, tabular and graphical presentation, analysis and interpretation, applying appropriate statistical tests, using computer-based software application for validation of findings.</b></p>	<p><b>Recognizes common</b> statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Calculate</b> Odds Ratio, Relative Risk, Attributable risk and other relevant health and morbidity indicators.</p>	<p><b>Defines common</b> statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t- tests, chi-square tests, and others)</p> <p>Able to represent data in the form of tabular column and graphical representation.</p>	<p><b>Independently utilizes simple</b> statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets.</p> <p><b>Participates</b> in the use of statistical software to perform statistical tests.</p> <p><b>Understands</b> more advanced statistical methods (e.g., linear and logistic regression).</p>	<p><b>Selects appropriate</b> methods for analysing data</p> <p><b>Performs data</b> analyses using more advanced statistical methods (e.g., linear and logistic regression) utilising appropriate data management software.</p> <p><b>Recognizes</b> the need to use complex statistical analyses (e.g., survival analysis, repeated measures).</p>	<p><b>Independently analyses</b> large data sets using complex statistical methods.</p>
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<p><b>PBLI 3</b></p>	<p><b>Conduct community surveys / community diagnosis for health, morbidity profile and epidemiological determinants and evaluation of health programmes.</b></p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey. <b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p>	<p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p>	<p><b>Selects and describes</b> appropriate health status measures to assess a community's health. <b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Monitors and interprets</b> single health status indicator of the community. <b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey. <b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Monitors and interprets</b> multiple and/or complex health status indicators of the community. <b>Evaluates</b> the health program implemented in the community to identify and prevent diseases of public health importance.</p>
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<p><b>PBLI 4</b></p>	<p><b>Conduct epidemic investigations, draw spot maps, predict disease trends, preparation of reports, planning and implementation of control measures for epidemics.</b></p>	<p><b>Explains the</b> epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases. <b>Enumerate</b> the steps of outbreak investigation and response. <b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p>	<p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse). <b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase). <b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p>	<p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak <b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases <b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p>	<p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak. <b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation. <b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects). <b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Designs</b> a strategy to investigate a cluster or outbreak of a novel disease or atypical disease presentation <b>Leads</b> a team to <b>investigate</b> and manages an outbreak, including supervision of staff, assignment of roles, program design, monitoring of effectiveness, etc.</p>
<p><b>PBLI 5</b></p>	<p><b>To describe &amp; create awareness about various Public Health (includes occupational) Legislations</b></p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws. <b>Identifies</b> relevant regulatory agencies</p>	<p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>	<p><b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p>	<p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>	<p><b>Critically reviews</b> and recommends modifications to current public health (includes occupational) Legislations &amp; Laws</p>

					with jurisdiction for regulating exposure to people	<b>Lists the</b> criteria/regulatory levels for exposures to the specific substance or hazard.		<b>Prepares a written</b> exposure monitoring and reporting system plan for a specific workplace or other defined entity	Based on personal research (empirical data or systematic literature review), <b>prepares a proposal</b> for modifying an existing regulatory standard.
<b>PBLI 6</b>	<b>Public Health Surveillance and Disease Prevention: evaluate, and manage medical surveillance programs</b>	Aware of the need to report selected diseases to public health authorities.  Aware of the need for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)	Identifies commonly used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.  Recognizes difference between active and passive surveillance.	Thoroughly describes the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).  Develops a list of challenges in designing and maintaining a surveillance system.	Analyses surveillance data to identify appropriate targets for individual, community, and/or systems interventions.  Evaluates one or more aspects of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).	Independently designs and operates a new surveillance system.			



<p><b>PBLI 7</b></p>	<p><b>Conduct tests for assessment of chlorine demand of water (Horrock's Apparatus), procedure of well-water and urban water-tank chlorination, assessment of chlorination levels, physical examination of water, methods domestic water purification, oriented in use of water filters along with detection of food adulterants</b></p>	<p>Knows the food / water quality tests and standards.</p>	<p>Lift food / water samples from various sources, analyse it and interpret the report.</p>	<p>Be able to <b>identify</b> and control food / water borne diseases in the community / hospital.</p>	<p>Plan and implement outbreak investigation and respond to any food borne disease outbreak from the community.</p>	<p>Prevent food borne disease in the community / hospital.  Should be able to set up food and water surveillance systems in a community / hospital and ensure availability of portable water</p>
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<p><b>PBLI 8</b></p>	<p><b>Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles</b></p>	<p>Describes basic concepts in clinical epidemiology and biostatistics; Categorize the various designs of a research study</p>	<p>Identifies pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p>	<p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses. Critically evaluates information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p>	<p>Incorporates principles of evidence-based care and information mastery into practice.</p>	<p>Independently teach and assess evidence-based medicine and information mastery techniques.</p>
<p><b>Professionalism(P)</b></p>	<p>Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles</p>	<p><b>Level 1</b></p>	<p><b>Level 2</b></p>	<p><b>Level 3</b></p>	<p><b>Level 4</b></p>	<p><b>Level 5</b></p>
<p><b>P 1</b></p>	<p><b>Always adopt ethical principles and maintain proper etiquette in dealings with patients, relatives and other health</b></p>	<p><b>Seeks out, learns from, and models the attitudes and behaviours of physicians who exemplify appropriate professional attitudes,</b></p>	<p><b>Exhibits appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in</b></p>	<p><b>Exhibits appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families,</b></p>	<p><b>Balances ethical principles required for individual patient care with those needed for addressing population health.</b></p>	<p><b>Develops organizational policies and education to support the application of these principles in the practice of individual</b></p>

	<p><b>personnel and to respect the rights of the patient including the right to information and second opinion.</b></p>	<p>values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p>	<p>patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p>	<p>and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p>	<p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>and population-based medicine.</p>
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## 6. Syllabus

### 6.1 Course 1: General epidemiology, biostatistics, demography, behavioural & environmental sciences:

#### 6.1.1. History of Medicine

- Ancient medicine
- History of Public Health in India
- Indigenous System of Medicine (AYUSH) in India
- Man and Medicine: Towards health for all

#### 6.1.2. Concepts In Health And disease

- Definition of Health; appreciation of health as a relative concept; determinants of health
- Concept of Health: Biological to Holistic health
- Characteristics of agent, host and environmental factors in health and disease and the multifactor etiology of disease
- Theories of disease causation, natural History of Disease
- Understanding of various levels of prevention with appropriate examples
- Indices used in measurement of health
- Health situation in India: demography, mortality and morbidity profile and the existing health facilities in health services.
- Difficulties in measurement of health.

#### 6.1.3. Biostatistics

- The scope and uses of biostatistics.
- Collection, classification and presentation of statistical data.
- Obtaining information, computing indices (rates and ratio) and making comparisons.
- Apply statistical methods in designing of studies by
  - (a) Choosing of appropriate sampling methods and sample size.
  - (b) Applying suitable test of significance.
  - (c) Use of statistical tables.
  - (d) Application of appropriate statistical software (packages, like Epiata, JASP, SPSS, STATA, Epi Info, etc).
- Interpretation and presentation of data frequency distribution,
- Measures of central tendency, measures of variability
- Probability, Normal distribution
- Estimating population values
- Basic Principles of Inferential Statistics
- Hypothesis Testing by comparing means & Proportions
- Test of significance (Parametric/Non-parametric including qualitative methods)

- Analysis of variance
- Association, Correlation and regression
- Vital statistics
- Evaluation of health and measurement of morbidity/mortality
- Life table and its uses
- Use of computers in biostatistics

#### **6.1.4. Epidemiology**

- Use of epidemiological tools to make a community diagnosis of the health situation in order to formulate appropriate intervention measures
- Clinical approach and epidemiological approach
- Epidemiology: definition, concept and role in health disease
- Definition of the terms used in describing disease transmission and control
- Natural history of a disease and its application in planning intervention
- Modes of transmission and measures for prevention and control of communicable and non-communicable disease, including Integrated Disease Surveillance Project (IDSP)
- Principal sources of epidemiological data.
- Definition, calculation and interpretation of the measures of frequency of disease and mortality.
- Burden of diseases respect to premature mortality due to re-emerging communicable disease and morbidity due to non-communicable diseases.
- Need and uses of screening tests; Accuracy and clinical value of diagnostic and screening tests (sensitivity, specificity, & predictive values)
- Epidemiological basis of national programs.
- Planning and investigation of an epidemic of communicable diseases in a community setting.
- Institution of control measures and evaluation of the effectiveness of these measures.
- Various types of epidemiological study designs.
- Association & Causation
- Bias, Confounding and Interactions
- Planning an intervention program with community participation based on the community diagnosis
- Applications of computers in epidemiology.
- Critical evaluation of published research
- GIS Mapping
- Community Diagnosis
- Mathematical Modelling in Epidemiology.

#### **6.1.5. Principles and Applications Of Epidemiologic Methods In Health Research**

- Research Methodology
- Principles of Epidemiology
- Choosing Study Population

- Epidemiological studies(Descriptive, Analytical, Experimental)
- Development of Research Protocol, Ethics in Research
- Data collection: Sources, Methods & Tools
- Presentation of Data
- Operational research
- Quantitative & Qualitative Research Methods

### 6.1.6. Principles of Environmental Health

1. Water
  - Sources of Water
  - Water Pollution
  - Purification water
  - Water borne disease–Epidemiology and control investigation of outbreak of water borne disease and report including water testing.
2. Air
  - Indices of thermal comfort
  - Air Pollution including monitoring- Ventilation
  - Effects of air pollution; prevention& control
  - Effects of air pressure & Health
  - Housing including domestic and industrial housing standards
3. Noise and noise pollution
4. Radiation
5. Meteorological Environment including temperature, humidity and rainfall
6. Lighting
7. Management and Disposal of Waste and Sanitation
  - Sources and Classification of Wastes
  - Health care and Hospital Waste Management
  - Disposal of Solid Wastes
  - Excreta Disposal
  - Sewage Treatment
  - Management of special classes of waste (e waste management, nuclear, chemical, drugs)
8. Environmental Pollution
  - Sources of Environmental Pollution
  - Monitoring Environmental Pollution
  - Prevention and Management of Environmental Pollution
9. Medical Entomology
  - Role of vectors in the causation of diseases
  - Steps in management of a case of insecticide toxicity
  - Identifying features of and mode of transmission of vector borne diseases
  - Methods of vector control with advantage and limitations of each.
  - Mode of action, dose and application cycle of commonly used insecticides.

### **6.1.7. Demography & Familyplanning**

- Definition of demography and its relation to community health
- Stages of the demography cycle and their impact on population
- Definition, calculation and interpretation of demographic indices like birth rate, death rate, growth rate, fertility rates.
- Reasons for rapid population growth in the world, especially in India.
- Need for population control measures and the National population policy
- Identify and describe the different family planning methods and their advantage and shortcomings
- Principles of Counseling; Client satisfaction
- Medical Termination of Pregnancy Act.
- PCPNDT ACT(Pre-conception and pre-natal Diagnostic Techniques ACT )
- Organization, technical and operational aspects of the National Family Welfare Program and participation in the implementation of the Program. Target Free Approach.
- Give Guidelines for MTP and infertility services
- Recent advances in contraception
- National Population Policy.

### **6.1.8. Social And Behavioralsciences**

- Concept and Principles of Sociology and the Behavioural Sciences
- Influence of Social and Cultural Factors on Health and Disease.
- Social structures and social organization
- Milestones of sociology
- Principles of Social Psychology
- Principles of behavioural sciences
- Principles of social anthropology
- Application of Sociology in Health and Development
- Social problems in health and disease
- Social stratification
- Use of Sociology in addressing problems in Health and Disease
- Conduction of a clinico-social evaluation of the individual in relation to social, economic and cultural aspects; educational and residential background, attitude to health, disease and to health services, the individual's family and community.
- Assessment of barriers in health behavior and identification of obstacles to good health, recovery from sickness and to leading a socially and economically productive life.
- Development of a good doctor patient relationship, public relations and community participation for health sectors.
- Impact of urbanization on health and disease.

### **6.1.9. Health Education (Behavioral Change communication)**

- Principle of Health Education
  - Objectives of Health Education
  - Content of Health Education
- Communications Skills
  - Principles of Communications
  - Communications barriers
- The use of Media for IEC
- Development & Practice (Methods) of IEC and its application in Community Health
- Evaluation of impact

## **6.2. Course 2: Epidemiology, prevention & control of communicable & non-communicable diseases:**

### **6.2.1 Epidemiology of Communicable and Noncommunicable diseases**

Important areas as in relation to epidemiology of communicable and Non-communicable diseases:

- Extent of the problem, epidemiology and natural history of the disease
- Relative public health importance of disease in a given area.
- Influence of social, cultural and ecological factors on the epidemiology of the disease.
- Control of communicable and non-communicable disease by:
  - a. Diagnosing and treating a case and in doing so demonstrate skills in:
    - i) Clinical methods
    - ii) Use of essential laboratory techniques
    - iii) Selection of appropriate treatment regimes
    - iv) Follow-up of cases.
  - b. Principles of planning implementing and evaluating control measures for the disease at the community level bearing in mind the relative importance of the disease.
- Investigating a disease epidemic.
- Knowledge of the National Health Disease Control Programs.
- Level of awareness of causation and prevention of diseases amongst individuals and communities.
- Control of communicable and non-communicable disease by diagnosing and treating a case and in doing so, demonstrate skills in applying measures which are necessary for preventing disabilities or deformities and for rehabilitation of the patient.
- Training of health workers in disease surveillance, control and treatment, health education.
- Managerial skills in the area of
  - (i) Planning and organization of health services
  - (ii) Supervision and monitoring.
  - (iii) Collection and compilation of data,



- (iv) Maintenance of records,
- (v) Transmission of data.

- Emerging and re-emerging infectious disease
- Hospital acquired Infections
- NPCDCS Program
- NCD Registry- Hospital and Community Based
- NCD Surveillance

### **6.2.2 Disaster Management And Public Health Emergencies**

- Concept of Disaster Management
- Disaster management cycle
- Role of National Disaster Management Authority

### **6.2.3 Teaching & Training**

- Planning curriculum
- Principles of Learning
- Teaching/Learning Methods
- Teaching skills including Microteaching
- Preparation and use of teaching aids and learning research materials
- Methods of Evaluation

## **6.3 Course 3 (C3): Health care & special groups, nutrition:**

### **6.3.1 Reproductive & Child Health (RCH)**

- a. Common Maternal and child health problems at an individual level**
  - i. Antenatal care, Risk approach, Antenatal visits, Preventive Services
  - ii. Postnatal care, Care of Mother, Child health problems, Low birth weight, Growth and development, childhood infections, Care of the infant
  
- b. Genetics and Health**
  - i. Common genetic problems
  - ii. Management of Genetic Problems
  - iii. Preventive and Social Measures in Genetics
  - iv. Advances in molecular genetics
  - v. Community genetics
  
- c. Structure of MCH and Family Welfare Services in India**
  - i. Problems of Maternal Health in India
  - ii. Delivery of Maternal and child health services
  - iii. Trends in the MCH services
  - iv. MCH related programs in Indiae.g.RCH, CSSM, ICDS
  - v. Family Planning -Methods of Family Planning
  - vi. Indicators of MCH care.

**d. Social Paediatrics**

- i. Juvenile Delinquency
- ii. Child abuse
- iii. Child labour
- iv. Rights of a child
- v. Street children
- vi. Child guidance clinic
- vii. POSCO ACT
- viii. Child marriage

**6.3.2 Health Services For Special groups**

**a. Reproductive and Child Health, Family Planning and Population Medicine:**

- Problems and strategies related to various services, initiatives, policies, legislations and programs for ANC, INC, PNC, Under 5 children
- Population control, Women Empowerment, Gender related issues and Recent Advances.

**b. School Health:**

- Problems of school and adolescents; objectives of the school health program.
- Activities of the programs like:
  - a. carrying out periodic-medical examination of the children and the teacher
  - b. immunization of the children in the school
  - c. health education
  - d. Mid-day meals
- Obtaining participation of the teachers in the school health program including maintenance of records; defining health practices; early detection of abnormalities.
- Organization, implementation, supervision and evaluation of School Health Program.
- Oro-dental Health.

**c. Adolescent Health:**

- Needs, Adolescent Health Scenario, Initiatives under RCH-II for Adolescent Health.

**d. Health Care of the Aged and the Disabled**

**1. Community Geriatrics**

- Implications of demographic changes in Indian population
- Health problems of the aged
- Preventive health services for the aged

**2. The disabled and Rehabilitation**

- Problem of disabled in the country
- Types of disabilities and their management
- Rehabilitation of the disabled

- Community based Rehabilitation

**e. Tribal Health:**

- Health problems of tribals
- Health services in tribal areas
- Specific health problems in tribal areas of India e.g. HIV infection among tribes of Andaman

**f. Urban Health:**

- Common health problems (Medical, Social, Environmental, Economic, Psychological) of urban slum dwellers.
- Organization of health services for slums dwellers.
- Organization of health services in urban areas.
- National Urban Health Mission.

**g. Rural Health**

- Describe the road map for making health services available at the door steps in the villages, in light of the National Rural Health Mission (NRHM)
- Plan, execute and evaluate health activities in concordance with the stated objective of the NRHM.
- Relate health in the village with the Millennium Development Goals that are specific to health, viz.  
Goal4: Reduction in Child Mortality  
Goal5: Improve Maternal Health  
Goal6: Combat HIV/AIDS, Malaria and other diseases  
Goal7: Ensure Sustainable Environment.

**6.3.3 Occupational Health**

- Principles of Occupational Health
- Occupational Environment
- Occupational Hazards and disease
- Prevention of Occupational diseases
- Sickness Absenteeism
- Problems of industrialization
- Legislation in Occupational Health- Factories Act, Employees state insurance Act, Workman's compensation Act, Mines Act
- Recent Govt. initiatives for Workers in Unorganized Sector
- Basics of Ergonomics

**6.3.4 Community Mental health**

**1. Principle's of Mental Health**

- Types, Causes, and Warning Signals of Mental illness.
- Preventive aspects of mental health

## **2. Approach to mental health problems in a community**

- Primary health care approach to mental health problems
- Mental health services in the country
- Mental Health Bill 2013

### **6.3.5 Nutrition**

- Nutrients, Daily requirements, Balanced Diet, Primordial Prevention of life style related disease.
  - Classification of Foods
  - Daily requirements of Nutrients
  - Balanced Diet
  - Nutritional Profiles of Major Foods
- Nutritional Deficiencies
  - Nutritional requirements
  - Protein Energy Malnutrition
  - Vitamin Deficiencies
  - Mineral Deficiencies
  - Deficiencies of TRACE elements
- Assessment of Nutritional status in a community
- Assessment of Nutritional status in a community and approach to a program
  - Assessment of an individual's Nutritional status
  - Assessment of Community Nutritional status
- Nutritional Programs in India Critical review
  - Nutritional problems in India
  - Programs to combat these problems
  - Nutritional surveillance
  - Nutritional rehabilitation centers
  - Social problems in Nutrition
- Other aspects of Nutrition
- Food Borne Diseases
- Food Hygiene
- Food Adulteration including PFA Act
- Nutritional planning and evaluation
- Investigation of food borne outbreaks.

## **6.4 Course 4 (C4): Healthcare administration and health management**

### **6.4.1 National Health Programmes**

- Details of all National Health programmes in India.

### **6.4.2 International Health**

- Concept of international health
- Role of International Health agency

### 6.4.3 Medical Ethics

- Universal Principles of ethics
- History and development of medical ethics
- Ethics as applied to patient care, public health and research

### 6.4.4 Health Planning And Management

#### **Features of the National Health Policy concerning:**

- Provision of medical care;
- Primary health care and health for all;
- Health man power development
- Planned development of health care facilities
- Encouragement of indigenous systems of medicine.

#### **b. Process of health planning in India:**

- Various important milestones in the history of health planning including various committees and their recommendations
- The health systems and health infrastructure at centre, state district and block levels.
- The inter-relationship between community development block and primary health centre
- The organization, function and staffing pattern of community health centre, primary health centre, rural health centre and sub-centre etc.
- The job descriptions of health supervisor (male and female); health workers; village health guide; Anganwadi workers; traditional birth attendants.
- The activities of the health team at the primary health centre, community health centre, district hospital.
- Management techniques; principles of management; broad functions of management; personnel and materials management.
- International health regulations and disease surveillance
- Major divisions of responsibilities and functions (concerning health) of the union, local and the state governments.
- Explain general principles of health economics and various techniques of health management e.g., cost-effectiveness, cost-benefit etc.
- Management: Public health program management, hospital/Healthcare delivery system, Administration, Logistic / Material Management, Finance Management Disaster Management, etc.
- Legal-enforcement in public health (PFAAct, PNDAAct, OrganTransplant Act, Magic Remedial and Advertisement Act, Detention for strict DOTS implementation among drug abusers, alcohol addicts, etc.
- National Rural Health Mission
- Principles of management
- Total Quality Management
- Universal healthcare
- SDG goals
- Health Financing
- Program Evaluation

- Logistics and finance management

#### **6.4.5 Health Economics**

- Introduction to Macro and Micro-economics,
- Health financing,
- National and District Health Accounts,
- Insurance (commercial, social security),
- User fees, Resource mobilization and utilization,
- Costing and budgeting,
- Financial sustainability,
- Concept of Social Health Insurance,
- Community based Insurance in India.

#### **6.4.6 Recent Advances And Topics Of Current interest**

- Rational drug policy
- Computers in Health
- Agricultural Medicine and plantation health
- Introduction to Counselling
- Community Ophthalmology
- Qualitative Research
- Disaster Management and Public Health emergencies
- Medical tourism
- Telemedicine

\*More topics will be added in the future, based on prevailing trends. This list is not exhaustive.

## 7. Teaching and learning methods

### **Postgraduate Training Teaching methodology should be imparted to the students through:**

The University has introduced the system of Entrustable Professional Activities (EPAs) as a means of assessing the progress of Postgraduates through the course. The training program in our department has also been realigned to match this initiative. The course will now have a modular approach. The plan for the implementing of the modules is shown in a GANTTchart.

The following TL methods will be used:

**Lecture discussion:** on various topics like epidemiology, concepts in community medicine, statistics, nutrition, public health administration, research methodology, environmental sanitation, occupational health, international health and health systems & recent updates

**Seminars/Symposium:** Postgraduates will prepare and present in seminar/symposia topics of public health importance. Some of these should be interdisciplinary

**Journal Club:** Postgraduates will participate in Journal clubs.

**Pedagogy:** Postgraduates will participate in pedagogy sessions.

**Undergraduate Teaching:** Postgraduates will take undergraduate practical/clinical and theory classes during their 2<sup>nd</sup> and 3<sup>rd</sup> year respectively under supervision.

Emphasis should be on self-directed learning, group discussions and case presentations.

**Records of these are to be maintained by the department.**

**Training:** In the present context, clinical training need be in the following specialties only:

### **Postings: (Total 15 + 1 months)**

#### **Aim:**

- To gain in-depth knowledge on the implementation of public health services with emphasis on National Health Programs and policies. The focus will be on planning, implementation and evaluation of the health services.

#### **Objectives:**

- To describe the organizational structure and functions of various government health departments and the National program offices.
- To identify the various barriers in implementation of health programs.
- To describe the evaluation strategy used in the national health and other programs. For this they will use health and economic indicators.

**Table 1: Posting Schedule**

Posting	Duration
Department of Medicine (2wk), Paediatrics(1wk),Obstetrics & Gynecology (1wk)	One month
Rural Health and Training Centre (RHTC)	Nine months
Urban Health and Training Centre (UHTC)	Two months
Government Primary Health centers affiliated to Department of Community Medicine	One month
Office of Directorate of Health and Family Welfare.	One month
External Visits to institutes of Public Health Importance (Pondicherry, Bangalore, Tamilnadu)	One month
Internal visits to various departments within the institute	One month

*\*Public health establishments e.g. Water treatment plant, sewage treatment plant, Old age home, Blind school, Municipal Health Office, Industry, Dairy*

### **List of Internal postings / External visits / Office visits**

#### **Inter-Departmental postings**

Sl.No	Place of visit	Duration	Total Duration
1.	Department of Obstetrics & Gynecology	1 week	1 month
2.	Department of Paediatrics	1 week	
3.	Department of General Medicine	2 weeks	

Sl.No	Internal Visits	Duration
1.	Camp/ School health camp/Health education sessions	15 days
2.	Linen dept of hospital	15 days
3.	Hospital kitchen	
4.	Hospital record section	
5.	Central drug store	
6.	Medical Superintendent Office	
7.	Blood bank	
8.	Casualty department	
9.	Hospital waste management	
10.	Hospital management Information System	
11.	Antiretroviral therapy – integrated counseling and testing centre	
12.	Matron Office (Human Resource Department)	



**Government office postings**

Sl.No	Place of visit	Duration
1.	DPH office Tamilnadu/ Pondicherry	1 month

**List of External Visits<sup>#</sup>**

Sl.No	Place of visit	Duration	
<b>CHENNAI</b>			
1.	Airport authority	1 day	9 days
2.	NIE, NIRT	3 days	
3.	CLTRI	3 days	
4.	National Disaster Management Authority	2 days	
<b>BANGALORE</b>			
5.	Institute of Vector Control and Zoonoses – Hosur	3 days	7 days
6.	NIMHANS	2 days	
7.	Occupational health (Regional Occupational Health Center)	2 days	
<b>PONDICHERRY/ TAMILNADU</b>			
8.	Sewage treatment plant	1 day	9 days
9.	Water treatment plant	1 day	
10.	SOS village	1 day	
11.	Help age India	1 day	
12.	Public health laboratory (Water testing, FSSAI(Food safety and standards authority of India), Others – food / drug)	3 days	
13.	Ponlait factory	1 day	
14.	Municipality Health office - Oulgaret / Puducherry	1 day	
15.	ICMR – Vector Control and Research centre	1 day	Optional
16.	Veterinary college	1 day	

<sup>#</sup>Subjected to the feasibility and obtaining permission from the respective authorities. In the event of not getting the permission, the postgraduate will be posted in the department.

**Details of 3 years postings in the PG program of an academic year**

	1 <sup>st</sup> Mon	2 <sup>nd</sup> Mon	3 <sup>rd</sup> Mon	4 <sup>th</sup> Mon	5 <sup>th</sup> Mon	6 <sup>th</sup> Mon	7 <sup>th</sup> Mon	8 <sup>th</sup> Mon	9 <sup>th</sup> Mon	10 <sup>th</sup> Mon	11 <sup>th</sup> Mon	12 <sup>th</sup> Mon
<b>1<sup>st</sup> year</b>	Inter-Departmental postings, one week per department per month				Urban, Rural Health & training center Posting, 50% Post graduates will be in Department while the other 50% in Centers over a period of 8 months.( 4 months center exposure Per Postgraduate)							

2 <sup>nd</sup> year	Rural Health & training center Posting. One Post graduate in RHTC Per month/ Rest of the Post graduates in Department	External Postings- Visits to institutes of Public Health Importance	Office visit in Directorate of Public Health along with PHC Postings	Submission of Review of literature for dissertation	Submission of Methodology for dissertation
3 <sup>rd</sup> year	Dissertation drafts presentation & submission of final version	Conversion of Dissertation into articles and send for publication. (3 articles)	Model Exams & EPA assessment		University examination

Yearly EPA assessments will be done. CME, Workshops & Conferences (for oral & Poster Presentation) can be attended by Postgraduates anytime only after getting permission from the Head of the Department & PG Coordinator.

**Modules and Exercises:** The postgraduate shall complete the modules/exercises as prescribed by the department

**Dissertation:** Each postgraduate shall select a topic, conduct research and submit a dissertation report to the University. The dissertation has to be submitted 6 months prior to the final examination and will be evaluated by an independent panel of examiners. From their respective dissertation each postgraduate must write 3 articles which includes original article, letter to editor, review article, case series etc. and submit for publication.

**Teaching:** The postgraduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

**Conference & Publications:** A postgraduate student would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of him/her postgraduate studies so as to make them eligible to appear at the postgraduate degree examination.

**E-Portfolio:** The traditional physical log book has been replaced with electronic portfolios—an electronic log of all teaching learning activities and the resident's reflections on the learning. Post graduates will constantly update their E-portfolios shall be periodically checked by faculty every week and comments added as discussion threads. This will enable to monitor progress of the resident, his level of attainment of milestone and impart the training accordingly

**Follow up of families:** PGs are expected to follow up three families for one year from field Practice area (RHTC/UHTC).

## 8. Assessment

### 8.1 Formative assessment:

Formative assessment is continual and assesses medical knowledge, patient care, procedural & academic skills, interpersonal communication skills, system-based practice, self-directed learning and professionalism of the activities mentioned every 3/6monthly. EPAs are listed as below(**section 1**)with description of each EPA (**section 2**). Progress of the students is recorded after discussion with the student in Entrustable Professional Activity (EPA) assessment form **Annexure-1**.These EPAs are also mapped with PO and CO. (**section 3**)

#### Entrustable Professional Activities

**Table 1: List of Entrustable Professional activities**

No.	Entrustable Professional Activity
1	History taking and general physical examination
2	Formulating a differential diagnosis based on history and examination
3	Ordering and interpretation of common diagnostic tests
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients
5	Document clinical details in the patient record
6	Clinical presentation of a case
7	Using evidence-based medicine to improve patient care
8	Give or receive a patient handover to transition care responsibility
9	Participating efficiently as a member of an inter-professional team
10	Diagnosing conditions requiring emergency care and providing primary care
11	Obtain informed consent for tests and/or procedures
12	Performing general medical and surgical procedures
13	Identifying system failures and taking appropriate corrective measures
14	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies
15	Assess needs of the community (including vulnerable groups) for organizing health services
16	Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present
17	Descriptive Epidemiology: Characterize the health of a community (community diagnosis)
18	Investigate and respond to an outbreak or epidemic
19	Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project

20	Conduct small groups and large group sessions for undergraduate medical students
21	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.
22	Develop linkage for emergency preparedness in hospital
23	Identify, assess and suggest preventive and control measures for common occupational diseases
24	Observe various legislations and laws pertaining to health
25	Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities
26	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles
27	Participate in the various disease surveillance systems of the government and notification of diseases
28	Collection, processing and testing food and water samples
29	Review and comment on ongoing health programmes and schemes
30	Develop linkages with the local health governance, local NGOs and grassroots agencies
31	Use of ICT tools for classroom teaching & health education campaigns
32	Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions
33	Develop the plan for vector control strategies in case of epidemic/s
34	Implement biomedical waste management
35	Develop network with public health expert and colleagues

Description of Entrustable Professional Activity With Relevant Domains of Competence, Domain Critical To Entrustment Decision And Criteria For Pre-Entrustable And Entrustable

**Table 2. EPAs, Competency levels and entrustability**

<b>EPA 1: History taking and general physical examination</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 PC 1.3 PC 2.4 ICS1.4 ICS 4.3 PBLI 1.3 PBLI 3.3 PBLI 4.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Periodic written exam</li> <li>2. Mini-cex</li> <li>3. Workplace assessment by Faculty</li> <li>4. Multisource feedback               <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p> <p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population-based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population- based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking). Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service. Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population- based health services.</p>

<p>MK 4</p>	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community. Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis. <b>Fail to explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community. Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis. <b>Explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
<p>MK 5</p>	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures. <b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures. <b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity</p>

	<p>to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and</p>	<p>fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant</p>
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	<p>relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p>history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
PC 1	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>

<p>PC 2</p>	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
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ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and inter-professional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and inter-professional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
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ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>
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<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
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<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey. <b>Fail to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
<p>PBLI 4</p>	<p><b>Fail to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Unable to enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Fail to describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Fail to understand</b> that clusters or outbreaks occur</p> <p><b>Fail to identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Fail to understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p>

	<p><b>Fail to understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Unable to identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Unable to recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Fail to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Fail to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to Implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to Characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Unable to apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Fail to Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>P 1</p>	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack of ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 2: Formulating a differential diagnosis based on history and examination</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 PC 1.3 PC 2.4 ICS1.4 ICS 4.3 PBLI 1.3 PBLI 3.3 PBLI 4.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p> <p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population- based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population- based health service.</p> <p>Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements.</p> <p>Uses data to identify barriers to population- based health services.</p>

MK 4	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community.</p> <p>Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community.</p> <p>Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
MK 5	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and</b></p>

	<p>extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p>	<p><b>Identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p>
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	<p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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<p>PC 1</p>	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>
<p>PC 2</p>	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p>

	<p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and inter professional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p>

	<p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations. Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings. Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations. Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>



<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
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BLI 3	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey. <b>Fail to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
PBLI 4	<p><b>Fail to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Unable to enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Fail to describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Fail to understand</b> that clusters or outbreaks occur</p> <p><b>Fail to identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Fail to understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno- compromised populations, and drug abuse).</p>

	<p>compromised populations, and drug abuse).</p> <p><b>Fail to understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Unable to identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Unable to recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Fail to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Fail to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to Implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to Characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Unable to apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Fail to Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>P 1</p>	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack of ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 3: Ordering and interpretation of common diagnostic tests</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles as one approaches a patient in any setting.
<b>2. Most relevant domains of competence:</b>	MK, PC, SBP,PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK5.4 PC 2.4 SBP 2.4 PBLI 3.3 PBLI 7.3 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p> <p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population-based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population- based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under- privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population- based health service. Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements.</p> <p>Uses data to identify barriers to population- based health services.</p>

<p>MK 5</p>	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Fail to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p>
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	<p>differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence-based treatments).</p>	<p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p> <p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications. Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Identifies diseases and conditions that require a public health response. Accurately diagnoses and effectively treats common presentations of diseases/conditions</p>
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<p>PC 2</p>	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
<p>SBP 2</p>	<p>Fail to Describe the types of hospital wastes generated in Hospital</p> <p>Fail to Demonstrate the difference between infectious and non-infectious waste.</p> <p>Unable to Explain the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p>	<p>Describes the types of hospital wastes generated in Hospital</p> <p>Demonstrates the difference between infectious and non-infectious waste.</p> <p>Explain the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p>Demonstrates an in-depth knowledge regarding bio-medical waste and</p>

	Unable to Demonstrate an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste	methods of disinfecting the bio-waste
PBLI 3	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Fail to identify</b> basic health status measures to assess/investigate a community's health. <b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
PBLI 7	<p>Fail to Know the food / water quality tests and standards.</p> <p>Lack of ability to Lift food / water samples from various sources, analyse it and interpret the report.</p> <p>Unable to <b>identify</b> and control food / water borne diseases in the community / hospital.</p>	<p>Knows the food / water quality tests and standards.</p> <p>Lift food / water samples from various sources, analyse it and interpret the report.</p> <p>Be able to <b>identify</b> and control food / water borne diseases in the community / hospital.</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack of ability to be Aware</b> of basic bioethical</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical</p>

	<p>principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 4:</b> Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to prescribe therapies or interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily all of the patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS,PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 PC 1.3 PC 2.4 ICS1.4 ICS 4.3 PBLI 1.3 PBLI 3.3 PBLI 4.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p>

	<p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population-based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population-based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service.</p> <p>Uses program goals and/or established performance criteria to evaluate a population-based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population-based health services.</p>
MK 4	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community.</p> <p>Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community.</p> <p>Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>

5	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Unable to acquire</b> an accurate and relevant</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history,</p>
	<p>history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an</p>	<p>including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p>

	<p>appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence-based treatments).</p>	<p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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PC 1	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>
PC 2	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p>

	<p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health</p>

	<p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p>awareness using various health communications strategies.</p>
ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>

<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
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<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey. <b>Fail to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
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<p>PBLI 4</p>	<p><b>Fail to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Unable to enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Fail to describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Fail to understand</b> that clusters or outbreaks occur</p> <p><b>Fail to identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Fail to understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Fail to understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Unable to identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Unable to recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Fail to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p>
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	<p><b>Fail to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to Implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to Characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Unable to apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Fail to Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack f ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p>

	<p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 5: Document clinical details in the patient record</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical assessment in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., OPD visit in a PHC, in the community setting, during admission, from a discharge summary, telephone call, email).
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 5.4, PC 1.4, PC 2.4, ICS 2.4, ICS 4.4, PBLI 4.4, P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services <b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.</p> <p>Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service</p> <p>Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Unable to use evaluation findings to recommend strategic or operational improvements.</p> <p>Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under- privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p><b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of population-based health service Uses program goals and/or established performance criteria to <b>evaluate</b> a population-based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to <b>identify</b> barriers to population- based health services.</p>

<p>MK 5</p>	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p>
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	<p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management. <b>Provides</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications <b>Unable to list</b> major effects of individual behaviour on health.</p> <p><b>Does not recognize</b> that social and behavioural factors influence population health</p> <p><b>Unable to identify</b> social and behavioural factors that affect health of individuals and population.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications <b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health <b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p>

	<p><b>Unable to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Does not identify</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Does not integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Does not implement</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Unable to plan and execute</b> BCC strategy for individuals / community</p>	<p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours. <b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>
PC 2	<p>Unable to obtain history and does basic physical examination.</p> <p>Not able to prescribe indicated medications. Does not generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Not able to identify diseases and conditions that require a public health response.</p> <p>Does not accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Unable to participate in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Does not accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Unable to initiate an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response</p>

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
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ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public. Does not recognize the importance of effective communication with the health care team.</p> <p>Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or public in common situations.</p> <p>Unable to demonstrate effective communication with the health care team in common situations.</p> <p>Does not work effectively with the health care team in common situations.</p> <p>Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Does not demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Does not work effectively with the health care team in clinical and population settings Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Unable to communicate effectively with the health care team in stressful situations/crises. Does not work effectively with the health care team in stressful situations/crisis</p>	<p>Recognizes the importance of effective communication with patients, families, and public. Recognizes the importance of effective communication with the health care team. Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations. Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP. <b>Does not understand</b> that clusters or</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur <b>Identifies</b> most common methods for</p>

	<p>outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse). <b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p>preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse). <b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak <b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 6: Clinical presentation of a case</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.
<b>2. Most relevant domains of competence:</b>	MK, PBLI, ISC, P, PC
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 4.4, MK 5.4, PBLI 1.4, PBLI 3.4, ISC 1.4, ISC 2.4, ISC 4.4, P 1.4, PC 1.4, PC 2.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services</p> <p><b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under- privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health</p>

	<p>health problems of the community including vulnerable, under-privileged high-risk communities.  <b>Not able to describe</b> basic measures of effect (e.g., risk ratio).  <b>Unable to describe</b> basic measures of quality (e.g., benchmarking).  <b>Not able to lists</b> populations known to be underserved (e.g., low income).  <b>Unable to assess</b> evidence for effectiveness of a population-based health service.  Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.  Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service  Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.  Unable to use evaluation findings to recommend strategic or operational improvements.  Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p>problems of the community including vulnerable, under-privileged high-risk communities.  <b>Describes</b> basic measures of effect (e.g., risk ratio).  <b>Describes</b> basic measures of quality (e.g., benchmarking).  <b>Lists</b> populations known to be underserved (e.g., low income).  <b>Assesses</b> evidence for effectiveness of a population-based health service. Uses scientific literature to <b>identify</b> a target population for a given population-based health service.  Uses scientific literature to <b>identify</b> barriers to delivery of population-based health service  Uses program goals and/or established performance criteria to <b>evaluate</b> a population-based health service.  Uses evaluation findings to recommend strategic or operational improvements. Uses data to <b>identify</b> barriers to population-based health services.</p>
MK 4	<p>Unable to Define common key-terms used in health economics.  Cannot evaluate socio-economic status of the family / community  Does not explain the basis of health economics in health care institution to achieve the goal.  Does not describe the various quantitative management techniques. Eg. cost-benefits analysis.  <b>Unable to explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)  Incompetent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.  Unable to keep abreast of recent advances in Public Health</p>	<p>Defines common key-terms used in health economics.  Can evaluate socio-economic status of the family / community  Explains the basis of health economics in health care institution to achieve the goal. Describes the various quantitative management techniques. Eg. cost-benefits analysis.  <b>Explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation) Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.  To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp;</p>

	& <b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health & development	development
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>. <b>Not able to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness <b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p>

	<p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence-based treatments).</p>	<p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures. <b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Not able to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health</p> <p><b>Not able to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Not able to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Not able to identify</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Unable to integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Not able to implement</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Not able to Plan and execute</b> BCC strategy for individuals / community</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications <b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>
PC 2	<p>Unable to obtains history or do basic physical examination.</p> <p>Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Not able to identify diseases and conditions that require a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Unable to participate in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Not able to accurately diagnose</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications. Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. Participates in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Accurately diagnoses and effectively treats common presentations of</p>

	<p>and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Not able to initiate an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients. <b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Does not demonstrate an understanding of transitions of care and team debriefing Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team Demonstrates an understanding of transitions of care and team debriefing Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
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ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective</b> communication with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations.</p> <p><b>Does not work effectively</b> with the health care team in common situations.</p> <p>Does <b>not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings.</p> <p><b>Does not work effectively</b> with the health care team in clinical and population settings <b>Does not demonstrate effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p><b>Unable to communicate effectively</b> with the health care team in stressful situations/crises.</p> <p><b>Does not work effectively</b> with the health care team in stressful situations/crisis</p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public. Recognizes the importance of <b>effective communication</b> with the health care team.</p> <p><b>Recognizes</b> the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations.</p> <p>Demonstrates <b>effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p><b>Works effectively</b> with the health care team in clinical and population settings</p> <p><b>Demonstrates effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to <b>communicate effectively</b> with the health care team in stressful situations/crises.</p> <p><b>Works effectively</b> with the health care team in stressful situations/crisis</p>
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PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and</p>
	<p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer). <b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p>processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>

PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement or collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and</p>

	<p>of diverse individuals and groups or community.  <b>Unware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.  Does not consistently <b>recognize</b> ethical issues in practice.  <b>Does not discuss, analyse, and manage</b> in common clinical situations.  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.  Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p>acceptance of diverse individuals and groups or community.  <b>Aware</b> of basic bioethical principles. <b>Identifies</b> ethical issues in clinical situations  <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.  Consistently <b>recognizes</b> ethical issues in practice.  <b>Discusses, analyses, and manages</b> in common clinical situations.  <b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.  Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 7 : Using evidence-based medicine to improve patient care</b>	
<b>1. Description of the activity:</b> a. (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help when needed and improve patient care based on evidence based medicine and best clinical practises. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance if required with knowledge of current evidence based medicine practises.
<b>2. Most relevant domains of competence:</b>	MK, PBLI, SBP, ISC, P, PC
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 2.4, MK 3.4, MK 5.4, PBLI 3.4, PBLI 4.4, PBLI 6.4, SBP 2.4, ISC 3.4, ISC 4.4, PBLI 8.4, P 1.4, PC 1.4, PC 2.4
<b>4. Methods of assessment</b>	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

Competency	Pre-Entrustable	Entrustable
MK 2	<p><b>Does not recognize</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Does not define</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t- tests, chi-square tests, and others)</p> <p><b>Cannot independently utilize</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets. Does not participate in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression) <b>Unable to select</b> appropriate methods for analysing data;</p> <p><b>Unable to perform</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Unable to utilize</b> appropriate software for data management and statistical analyses; <b>Unable to recognize</b> the need to use complex statistical analyses (e.g., survival analysis, repeated measures)</p>	<p><b>Recognizes</b> common statistical concepts (e.g., measures of central tendency, p- values, and confidence intervals) <b>Defines</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi- square tests, and others)</p> <p><b>Independently utilizes</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets.</p> <p>Participates in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Selects</b> appropriate methods for analysing data;</p> <p><b>Performs</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Utilizes</b> appropriate software for data management and statistical analyses;</p> <p><b>Recognizes</b> the need to use complex statistical analyses (e.g., survival analysis, repeated measures)</p>

MK 3	<p><b>Not able to Distinguish</b> between experimental and observational studies <b>Unable to explain</b> what is meant by validity, bias, confounding, and effect modification.</p> <p>Unable to describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional).</p> <p><b>Cannot distinguish</b> between association and causation; lists criteria for causal inference</p> <p><b>Unable to critically review and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p> <p>Unable to <b>design</b> and conduct a basic epidemiological study (defines aims;</p> <p><b>Not able to select</b> appropriate study designs;</p> <p><b>Not able to collect, analyse, and interpret</b> data and <b>identify or discuss</b> findings and limitations.</p>	<p><b>Distinguishes</b> between experimental and observational studies</p> <p><b>Explains</b> what is meant by validity, bias, confounding, and effect modification.</p> <p>Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional).</p> <p><b>Distinguishes</b> between association and causation; lists criteria for causal inference</p> <p><b>Critically reviews and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p> <p>Able to <b>design</b> and conduct a basic epidemiological study (defines aims; <b>Selects</b> appropriate study designs; <b>Collects, analyses, and interprets</b> data and <b>identifies and discusses</b> findings and limitations.</p>
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work-relatedness (e.g., repair of simple laceration, initial</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace. <b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity</p>

	<p>management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>. <b>Not able to acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized,</p>	<p>fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness <b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry) Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under</p>
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	<p>and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p><i>minimal supervision.</i></p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures. <b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management. <b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Not able to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health</p> <p><b>Not able to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Not able to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Not able to identify</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Unable to integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Not able to implement</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Not able to Plan and execute</b></p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health <b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals /</p>

	BCC strategy for individuals / community	community
PC 2	<p>Unable to obtain history or do basic physical examination. Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Not able to identify diseases and conditions that require a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision. Unable to participate in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Not able to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Not able to initiate an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>Obtains history and does basic physical examination. Prescribes indicated medications. Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. Participates in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response</p>

ISC 3	<p><b>Does not demonstrate</b> various ICT tools in classroom teaching and health education.</p> <p><b>Does not demonstrate</b> the advantages and disadvantages of various ICT tools</p> <p><b>Does not demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Does not incorporate</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Does not demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education. <b>Demonstrates</b> the advantages and disadvantages of various ICT tools <b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Incorporates</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention <b>Demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>
SBP 2	<p><b>Does not describe</b> the types of hospital wastes generated in Hospital</p> <p><b>Does not demonstrate</b> the difference between infectious and non-infectious waste.</p> <p><b>Unable to Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW <b>Does not demonstrate</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>	<p><b>Describes</b> the types of hospital wastes generated in Hospital <b>Demonstrates</b> the difference between infectious and non-infectious waste. <b>Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW <b>Demonstrates</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p>

	<p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identity and prevent diseases of public health importance</p>	<p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identity and prevent diseases of public health importance.</p>
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<p>PBLI 4</p>	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP. <b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from Cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP. <b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak <b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p>
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	<p><b>Unable to implement</b> a plan to investigate and collect data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analyse surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities. <b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>

PBLI 8	<p><b>Does not describe basic concepts</b> in clinical epidemiology and biostatistics;  <b>Not able to categorize</b> the various designs of a research study  <b>Unable to identify</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis  <b>Unable to apply</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.  <b>Cannot critically evaluate</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.  <b>Incorporates principles</b> of evidence-based care and information mastery into practice</p>	<p><b>Describes basic concepts</b> in clinical epidemiology and biostatistics; <b>Categorize</b> the various designs of a research study  <b>Identifies</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis  <b>Applies</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.    <b>Critically evaluates</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.  <b>Incorporates principles</b> of evidence-based care and information mastery into practice.</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.  <b>Unaware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.  Does not consistently <b>recognize</b> ethical issues in practice.  <b>Does not discuss, analyse, and manage</b> in common clinical situations.  <b>Does not exhibit</b> appropriate</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.  <b>Aware</b> of basic bioethical principles. <b>Identifies</b> ethical issues in clinical situations    <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.  Consistently <b>recognizes</b> ethical issues in practice.  <b>Discusses, analyses, and manages</b> in common clinical situations.  <b>Exhibits</b> appropriate attitudes, values and behaviours in difficult</p>

	<p>attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p>situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 8: Give or receive a patient handover to transition care responsibility</b>	
<p><b>1. Description of the activity:</b></p> <p>a. (This included a brief rationale and a list of the functions required for the EPA)</p>	<p>Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of inter-professional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).</p>
<p><b>2. Most relevant domains of competence:</b></p>	<p>MK, PBLI, ISC, P, PC</p>
<p><b>3. Competencies within each domain critical to entrustment decisions:</b></p>	<p>MK 1.4, MK 5.4, PBLI 3.4, PBLI 6.4, ISC 1.4, ISC 4.4, PBLI 8.4, P 1.4, PC 1.4, PC 2.4</p>
<p><b>4. Methods of assessment</b></p>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 1	<p><b>Unable to recognized</b> distinctions between population and individual health services</p> <p><b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs. <b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.</p> <p>Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service</p> <p>Does not use program goals and/or established performance criteria to <b>evaluate</b> a population-based health service.</p> <p>Unable to use evaluation findings to recommend strategic or operational improvements.</p> <p>Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p><b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of population-based health service</p> <p>Uses program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements.</p> <p>Uses data to <b>identify</b> barriers to population- based health services</p>

<p>MK 5</p>	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>. <b>Not able to acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g.,</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p>
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	management of work- related asthma and interpretation of spirometry)	
	<p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures. <b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Not able to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health</p> <p><b>Not able to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Not able to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Not able to identify</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Unable to integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Not able to implement</b> effective</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Implements</b> effective approaches to modify individual and population</p>

	<p>approaches to modify individual and population health behaviours.</p> <p><b>Not able to Plan and execute</b> BCC strategy for individuals / community</p>	<p>health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>
PC 2	<p>Unable to obtains history or do basic physical examination.</p> <p>Not able to prescribe indicated medications.</p> <p>Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Not able to identify diseases and conditions that require a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Unable to participate in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Not able to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Not able to initiate an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response</p>

<p>ISC 1</p>	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member. <b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care. <b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team- based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
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ISC 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of effective communication</b> with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective communication</b> with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations.</p> <p><b>Does not work effectively</b> with the health care team in common situations. <b>Does not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate effective communication</b> with the health care team in clinical and population settings. <b>Does not work effectively</b> with the health care team in clinical and population settings</p> <p><b>Does not demonstrate effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p><b>Unable to communicate effectively</b> with the health care team in stressful situations/crises.</p> <p><b>Does not work effectively</b> with the health care team in stressful situations/crisis</p>	<p><b>Recognizes the importance of effective communication</b> with patients, families, and public.</p> <p><b>Recognizes the importance of effective communication</b> with the health care team.</p> <p><b>Recognizes the importance of working</b> with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p><b>Demonstrates effective communication</b> with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations.</p> <p><b>Demonstrates effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Demonstrates effective communication</b> with the health care team in clinical and population settings.</p> <p><b>Works effectively</b> with the health care team in clinical and population settings</p> <p><b>Demonstrates effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p><b>Able to communicate effectively</b> with the health care team in stressful situations/crises.</p> <p><b>Works effectively</b> with the health care team in stressful situations/crisis</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various</p>

	<p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance</p>	<p>epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
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PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems. <b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analysesurveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities. <b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>
PBLI 8	<p><b>Does not describe basic concepts</b> in clinical epidemiology and biostatistics; <b>Not able to categorize</b> the various designs of a research study</p> <p><b>Unable to identify</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Unable to apply</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p>	<p><b>Describes basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Categorize</b> the various designs of a research study</p> <p><b>Identifies</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Applies</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses. <b>Critically evaluates</b></p>

	<p><b>Cannot critically evaluate</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient- delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice</p>	<p>information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice.</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Unaware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations. <b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>

<b><i>EPA 9 :Participating efficiently as a member of an inter-professional team</i></b>		
<b>1. Description of the activity:</b> a. (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to participate effectively as a member of an inter-professional team and contribute efficiently to patient care with emphasis on identifying and preventing the causative factors and suggesting preventive measures.	
<b>2. Most relevant domains of competence:</b>	MK, PBLI, ISC,SBP, P	
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 5.4, MK 6.4, PBLI 1.4, PBLI 3.4,PBLI 4.4, PBLI 6.4, ISC 1.4, ISC 2.4, ISC 4.4, SBP 2,P 1.4,	
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>	
<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services</p> <p><b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under- privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p>

	<p>Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service</p> <p>Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Unable to use evaluation findings to recommend strategic or operational improvements.</p> <p>Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p><b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of population-based health service</p> <p>Uses program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to <b>identify</b> barriers to population- based health services</p>
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace. <b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p>

	<p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same.</p> <p>Does not undergo training in various national health programs in state health department.</p> <p><b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same.</p> <p>Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs. <b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness strategies.</p>

	education messages for public health awareness using various health communications strategies.	using various health communications
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective</b> communication with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective</b></p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of <b>effective communication</b> with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common</p>

	<p><b>communication</b> with the health care team in common situations.  <b>Does not work effectively</b> with the health care team in common situations.  <b>Does not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.  <b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings.  <b>Does not work effectively</b> with the health care team in clinical and population settings  <b>Does not demonstrate effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.  <b>Unable to communicate effectively</b> with the health care team in stressful situations/crises.  <b>Does not work effectively</b> with the health care team in stressful situations/crisis</p>	<p>situations.  <b>Works effectively</b> with the health care team in common situations.  <b>Demonstrates effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.  <b>Demonstrates</b> effective communication with the health care team in clinical and population settings.  <b>Works effectively</b> with the health care team in clinical and population settings <b>Demonstrates effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.  <b>Able to communicate effectively</b> with the health care team in stressful situations/crises.  <b>Works effectively</b> with the health care team in stressful situations/crisis</p>
SBP 2	<p><b>Does not describe</b> the types of hospital wastes generated in Hospital  <b>Does not demonstrate</b> the difference between infectious and non-infectious waste.  <b>Unable to Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW  <b>Does not demonstrate</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>	<p><b>Describes</b> the types of hospital wastes generated in Hospital  <b>Demonstrates</b> the difference between infectious and non-infectious waste. <b>Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW <b>Demonstrates</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>



PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health.</p>

	<p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance</p>	<p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p>

	<p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation) <b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p>	<p>Aware of the need to report selected diseases to public health authorities. Aware of the need for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p>Identifies commonly used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p>Recognizes difference between active and passive surveillance</p> <p>Thoroughly describes the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p>

	<p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analyse surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p>Develops a list of challenges in designing and maintaining a surveillance system.</p> <p>Analyses surveillance data to identify appropriate targets for individual, community, and/or systems interventions.</p> <p>Evaluates one or more aspects of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles. <b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p>

	Effectively <b>analyze</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health. Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine	Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health. Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine
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<b>EPA 10: Diagnosing conditions requiring emergency care and providing primary care</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to diagnose public health conditions which require emergency care and action. Must be able to understand the principles of primary care and provide it to individuals, family and the community needing those. Should be able to provide primary level of care to the emergency conditions.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, SBP, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 6.4 PC 1.4, PC 2.4 ICS 1.4 SBP 1.4 PBLI 3.4, PBLI 4.4 P 1.4
<b>4. Methods of assessment</b>	1. Written exam (Every 3/6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Faculties/ Doctors b. Other health care workers c. Patients d. Community e. Undergraduate students
	f. Peers g. Self

Competency	Pre-Entrustable	Entru stable
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department.</p> <p><b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same.</p> <p>Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications <b>Unable to list</b> major effects of individual behaviour on health.</p> <p><b>Does not recognize</b> that social and behavioural factors influence population health</p> <p><b>Unable to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Unable to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Does not identify</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Does not integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Does not implement</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Unable to plan and execute</b> BCC strategy for individuals / community</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications <b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health <b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours. <b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>

PC 2	<p><b>Unable to obtain</b> history and does basic physical examination. Not able to prescribe indicated medications. <b>Does not generate</b> a differential diagnosis for a disease or condition of public health</p>	<p><b>Obtains</b> history and does basic physical examination. Prescribes indicated medications. <b>Generates</b> a differential diagnosis for a disease or condition of public health</p>
	<p>significance and proposes a treatment plan. <b>Not able to identify</b> diseases and conditions that require a public health response. <b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. <b>Unable to participate</b> in an appropriate public health intervention for a disease or condition that requires a public health response <b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance. <b>Unable to initiate</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>significance and proposes a treatment plan. <b>Identifies</b> diseases and conditions that require a public health response. Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. Participates in an appropriate public health intervention for a disease or condition that requires a public health response <b>Accurately diagnoses</b> and effectively treats common presentations of diseases/conditions of public health significance. <b>Initiates</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member. <b>Not able to perform assessment</b> of community communication needs. <b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member. <b>Assessment</b> of community communication needs. <b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care. <b>Develop</b> appropriate IEC Material and counselling skills</p>

	<p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
SBP 1	<p><b>Fail to Demonstrate</b> knowledge of triage concepts.</p> <p><b>Fail to Demonstrate</b> basic skills in emergency medical care.</p> <p><b>Lack of ability to Classify</b> the injured persons as per standard triage guidelines.</p> <p><b>Fail to Demonstrate</b> basic knowledge of emergency preparedness plan.</p> <p><b>Fail to Demonstrate and applies</b> understanding of emergency preparedness programs</p> <p><b>Fail to Demonstrate</b> the ability to develop and evaluate the medical portion of an emergency plan.</p> <p>Unable To <b>develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>	<p><b>Demonstrates</b> knowledge of triage concepts.</p> <p><b>Demonstrates</b> basic skills in emergency medical care.</p> <p><b>Classify</b> the injured persons as per standard triage guidelines.</p> <p><b>Demonstrates</b> basic knowledge of emergency preparedness plan.</p> <p><b>Demonstrates and applies</b> understanding of emergency preparedness programs</p> <p><b>Demonstrates</b> the ability to develop and evaluate the medical portion of an emergency plan.</p> <p>To <b>develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>



PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP. <b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur <b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks</p>

	<p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p>occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles. <b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health. Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 11: Obtain informed consent for tests and/or procedures</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 5.4 PC 2.4 ICS 1.4 PBLI 3.4, PBLI 4.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peers</li> <li>g. Self</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services</p> <p><b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.</p> <p>Not able to uses scientific literature to <b>identify</b> a target population for a given population- based health service.</p> <p>Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service</p> <p>Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Unable to use evaluation findings to recommend strategic or operational improvements.</p> <p>Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under- privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p><b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of population-based health service Uses program goals and/or established performance criteria to <b>evaluate</b> a population-based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to <b>identify</b> barriers to population- based health services.</p>

<p>MK 5</p>	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the</p>
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	<p>guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p>health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management. <b>Provides</b> efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
PC 2	<p><b>Unable to obtain</b> history and does basic physical examination.</p> <p>Not able to prescribe indicated medications. <b>Does not generate</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p><b>Not able to identify</b> diseases and conditions that require a public health response.</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p>	<p><b>Obtains</b> history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p><b>Generates</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. <b>Identifies</b> diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p>

	<p><b>Unable to participate</b> in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Unable to initiate</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response <b>Accurately diagnoses</b> and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Initiates</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>



PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey. <b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community. <b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP. <b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g.,</p>

<p>with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p>congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 12:Performing general medical and surgical procedures</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should be able to learn and perform all the necessary and vital medical and surgical procedures done in the primary and secondary health care settings.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 5.4 PC 1.4, PC 2.4 ICS 1.4 PBLI 1.4, PBLI 3.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peers</li> <li>g. Self</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services <b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.</p> <p>Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Does not use scientific literature to <b>identify</b> barriers to delivery of population-based health service</p> <p>Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Unable to use evaluation findings to recommend strategic or operational improvements.</p> <p>Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under- privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p><b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of population-based health service</p> <p>Uses program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to <b>identify</b> barriers to population- based health services.</p>
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p>

	<p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and</b></p>	<p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p>
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	<p><b>identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p>or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management. <b>Provides</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications <b>Unable to list</b> major effects of individual behaviour on health.</p> <p><b>Does not recognize</b> that social and behavioural factors influence population health</p> <p><b>Unable to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Unable to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Does not identify</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Does not integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Does not implement</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Unable to plan and execute</b> BCC strategy for individuals /</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications <b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health <b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours. <b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>

	community	
PC 2	<p><b>Unable to obtain</b> history and does basic physical examination. Not able to prescribe indicated medications. <b>Does not generate</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p><b>Not able to identify</b> diseases and conditions that require a public health response.</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p><b>Unable to participate</b> in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Unable to initiate</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p><b>Obtains</b> history and does basic physical examination. Prescribes indicated medications. <b>Generates</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p><b>Identifies</b> diseases and conditions that require a public health response. Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. Participates in an appropriate public health intervention for a disease or condition that requires a public health response <b>Accurately diagnoses</b> and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Initiates</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>



ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public.</p> <p>Does not recognize the importance of effective communication with the health care team. Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or public in common</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p>

	<p>situations.  Unable to demonstrate effective communication with the health care team in common situations.  Does not work effectively with the health care team in common situations.  Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.  Does not demonstrate effective communication with the health care team in clinical and population settings.  Does not work effectively with the health care team in clinical and population settings Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.  Unable to communicate effectively with the health care team in stressful situations/crises. Does not work effectively with the health care team in stressful situations/crisis</p>	<p>Works effectively with the health care team in common situations.  Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.  Demonstrates effective communication with the health care team in clinical and population settings.  Works effectively with the health care team in clinical and population settings  Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.  Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
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PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p>

	<p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Unaware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes,</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of</p>

	<p>values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p>diverse individuals and groups Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 13: Identifying system failures and taking appropriate corrective measures</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should have a thorough understanding of the health care system and should be in a position to identify and report failures in the system and provide appropriate suggestion and corrective measures.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	<p>MK 1.4, MK 5.4, MK 6.4</p> <p>PC 2.4</p> <p>ICS 1.4, ICS 2.4, ICS 4.4</p> <p>PBLI 1.4, PBLI 3.4, PBLI 4.4, PBLI 6.4</p> <p>P 1.4</p>
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peer</li> <li>g. Self</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entru stable
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including</p>
	<p>India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department. <b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p>AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same.</p> <p>Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>
PC 2	<p><b>Unable to obtain</b> history and does basic physical examination.</p> <p>Not able to prescribe indicated medications. <b>Does not generate</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. <b>Not able to identify</b> diseases and conditions that require a public health response.</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p><b>Unable to participate</b> in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Unable to initiate</b> an appropriate public</p>	<p><b>Obtains</b> history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p><b>Generates</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p><b>Identifies</b> diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response <b>Accurately diagnoses</b> and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Initiates</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>

	health intervention for a disease or condition that requires a public health response	
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Does not demonstrate an understanding of transitions of care and team debriefing Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
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ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public.</p> <p>Does not recognize the importance of effective communication with the health care team.</p> <p>Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or public in common situations.</p> <p>Unable to demonstrate effective communication with the health care team in common situations.</p> <p>Does not work effectively with the health care team in common situations.</p> <p>Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Does not demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Does not work effectively with the health care team in clinical and population settings</p> <p>Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Unable to communicate effectively with the health care team in stressful situations/crises. Does not work effectively with the health care team in stressful situations/crisis</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings</p> <p>Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
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PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement or collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement or collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP. <b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur <b>Identifies</b> most common methods for preventing individual disease spread (e.g.,</p>

	<p>for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p>hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Unware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 14: Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to do Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS,PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 PC 1.3 PC 2.4 ICS1.4 ICS 2.3 ICS 4.3 PBLI 1.3 PBLI 3.3 PBLI 5.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities. Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income). Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service. Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population- based health services.</p>

<p>MK 4</p>	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community. Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis. <b>Fail to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation. Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community. Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis. <b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
<p>MK 5</p>	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures. <b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures. <b>Understands</b> controls that can be used to reduce exposures in the workplace.</p>

	<p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and</p>	<p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management</p>
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	<p>management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p>(e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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<p>PC 1</p>	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>
<p>PC 2</p>	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p>

	<p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based,</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care</p>

	<p>coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p>centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Lack of ability to Understand the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Fail to Demonstrate an understanding of transitions of care and team debriefing</p> <p>Fail to Work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Fail to Participate in effective transitions of care and team debriefing</p> <p>Unable to Communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>

ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations. Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations. Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>
PBLI 1	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p>

	<p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
PBLI 3	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Fail to identify</b> basic health status measures to assess/investigate a community's health. <b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>

PBLI 5	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people <b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard. <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack f ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes,</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and</p>

	<p>values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 15:</b> Assess needs of the community (including vulnerable groups) for organizing health services	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should have knowledge and be able to assess needs of the community (including vulnerable groups) for organizing health services
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS,SBP,PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 PC 1.3 PC 2.4 ICS1.4 ICS 2.3 ICS 4.3 SBP 1.4
	SBP 2.4 PBLI 1.3 PBLI 3.3 PBLI 5.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities. Unable to describes basic measures of effect (e.g., risk ratio). Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income). Unable to assess evidence for effectiveness of a population-based health service. Lack of ability to use scientific literature to identify a target population for a given population-based health service. Lack of ability to use scientific literature to identify barriers to delivery of population- based health service. Lack of ability to use program goals and/or established performance criteria to evaluate a population-based health service. Lack of ability to use evaluation findings to recommend strategic or operational improvements. Lack of ability to use data to identify barriers to population- based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio). Describes basic measures of quality (e.g., benchmarking). Lists populations known to be underserved (e.g., low income). Assesses evidence for effectiveness of a population-based health service. Uses scientific literature to identify a target population for a given population-based health service. Uses scientific literature to identify barriers to delivery of population- based health service. Uses program goals and/or established performance criteria to evaluate a population- based health service. Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population- based health services.</p>

<p>MK 4</p>	<p>Lack of ability to defines common key- terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community. Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis. <b>Fail to explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community. Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost- benefits analysis. <b>Explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
<p>MK 5</p>	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures. <b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision;</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures. <b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p>

	<p>begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p>	<p>Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p>
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	<p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
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<p>PC 1</p>	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>
<p>PC 2</p>	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p>

	<p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs. <b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs. <b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize</p>

	<p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p>the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Lack of ability to Understand the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Fail to Demonstrate an understanding of transitions of care and team debriefing</p> <p>Fail to Work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Fail to Participate in effective transitions of care and team debriefing</p> <p>Unable to Communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>



ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team.</p> <p>Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>
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<p>SBP 1</p>	<p><b>Fail to Demonstrates</b> knowledge of triage concepts.</p> <p><b>Fail to Demonstrates</b> basic skills in emergency medical care.</p> <p><b>Lack of ability to Classify</b> the injured persons as per standard triage guidelines.</p> <p><b>Fail to Demonstrates</b> basic knowledge of emergency preparedness plan.</p> <p><b>Fail to Demonstrates and applies</b> understanding of emergency preparedness programs</p> <p><b>Fail to Demonstrates</b> the ability to develop and evaluate the medical portion of an emergency plan.</p> <p>Unable To <b>develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>	<p><b>Demonstrates</b> knowledge of triage concepts.</p> <p><b>Demonstrates</b> basic skills in emergency medical care.</p> <p><b>Classify</b> the injured persons as per standard triage guidelines.</p> <p><b>Demonstrates</b> basic knowledge of emergency preparedness plan.</p> <p><b>Demonstrates and applies</b> understanding of emergency preparedness programs</p> <p><b>Demonstrates</b> the ability to develop and evaluate the medical portion of an emergency plan.</p> <p>To <b>develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>
<p>SBP 2</p>	<p>Fail to Describe the types of hospital wastes generated in Hospital</p> <p>Fail to Demonstrate the difference between infectious and non-infectious waste.</p> <p>Unable to Explain the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p>Unable to Demonstrate an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio- waste</p>	<p>Describes the types of hospital wastes generated in Hospital</p> <p>Demonstrates the difference between infectious and non-infectious waste.</p> <p>Explain the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p>Demonstrates an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>

<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
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<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Fail to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Fail to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
<p>PBLI 5</p>	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>

	<p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack f ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and</p>

	<p>patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<p><b>EPA 16:</b> Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present</p>	
<p>1. <b>Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)</p>	<p>Residents should have knowledge and be able to Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present</p>
<p>2. <b>Most relevant domains of competence:</b></p>	<p>MK, PBLI, P</p>
<p>3. <b>Competencies within each domain critical to entrustment decisions:</b></p>	<p>MK1.4 MK4.4 MK5.4 PBLI 1.3 PBLI 3.3 PBLI 5.4 P 1.4</p>
<p>4. <b>Methods of assessment</b></p>	<p>Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers</p>

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities. Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income). Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service.</p> <p>Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population- based health services.</p>

MK 4	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community.</p> <p>Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community.</p> <p>Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
MK 5	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be</p>



	<p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based</p>	<p>related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and</b></p>
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	<p>clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p><b>identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey. <b>Fail to identify</b> basic health status measures to assess/investigate a community's health.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p>

	<p><b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
PBLI 5	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard. <b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>

<p>P 1</p>	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack of ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 17: Descriptive Epidemiology: Characterize the health of a community (community diagnosis)</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should have knowledge about descriptive epidemiology and Characterize the health of a community (community diagnosis)
<b>2. Most relevant domains of competence:</b>	MK, ICS,PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 ICS1.4 ICS 2.3 ICS 4.3 PBLI 1.3 PBLI 3.3 PBLI 5.4 P 1.4
<b>4. Methods of assessment</b>	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable,</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under-privileged high-risk communities and their</p>
	<p>under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p> <p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service.</p> <p>Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population-based health services.</p>

<p>MK 4</p>	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community.</p> <p>Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community.</p> <p>Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
<p>MK 5</p>	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p>



<p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and</b></p>	<p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and</b></p>
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	<p><b>identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p><b>identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p>

	<p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Lack of ability to Understand the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Fail to Demonstrate an understanding of transitions of care and team debriefing</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p>

	<p>Fail to Work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Fail to Participate in effective transitions of care and team debriefing</p> <p>Unable to Communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>
ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations. Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations. Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>

<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Fail to identify</b> basic health status measures to assess/investigate a community's health. <b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p>

	<p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
PBLI 5	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or</p>

	<p>families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack of ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 18: Investigate and respond to an outbreak or epidemic</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should have knowledge on how to Investigate and respond to an outbreak or epidemic
<b>2. Most relevant domains of competence:</b>	MK, ICS,SBP,PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 MK5.4 ICS1.4 ICS 2.3 ICS 4.3 SBP 1.4 PBLI 1.3 PBLI 3.3 PBLI 5.4 P 1.4
<b>4. Methods of assessment</b>	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers



Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p> <p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under- privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service. Uses program goals and/or established performance criteria to evaluate a population-based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population-based health services.</p>

MK 4	<p>Lack of ability to defines common key- terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community.</p> <p>Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community. Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management</p>
	<p>management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>techniques. Eg. cost-benefits analysis. <b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
MK 5	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p>

	<p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p>	<p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p>
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	<p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p> <p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
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PC 1	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>
PC 2	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p>

	<p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p>

	<p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Lack of ability to Understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Fail to Demonstrate an understanding of transitions of care and team debriefing</p> <p>Fail to Work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Fail to Participate in effective transitions of care and team debriefing</p> <p>Unable to Communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>

<p>ICS 4</p>	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>
<p>PBLI 1</p>	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p>



	<p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>
PBLI 3	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Fail to identify</b> basic health status measures to assess/investigate a community's health. <b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>

	<p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	
PBLI 5	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people <b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard. <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack f ability to be</b></p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical</p>

	<p><b>Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 19:</b> Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should have knowledge on how to Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project
<b>2. Most relevant domains of competence:</b>	MK, ICS, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 ICS 4.3 P 1.4
<b>4. Methods of assessment</b>	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities. Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income). Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under- privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service. Uses program goals and/or established performance criteria to evaluate a population-based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements.</p> <p>Uses data to identify barriers to population- based health services.</p>

<p>MK 4</p>	<p>Lack of ability to defines common key- terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community. Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health <b>&amp;formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community. Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative management techniques. Eg. cost-benefits analysis. <b>Explain</b> the demand and supply, basis of Government’s health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health <b>&amp;formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
<p>ICS 4</p>	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p>

	<p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack f ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Fail to Discusses, analyses, and manages</b></p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and</p>

	<p>in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p>tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 20:</b> Conduct small groups and large group sessions for undergraduate medical students	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should have knowledge and be able to Conduct small groups and large group sessions for undergraduate medical students
<b>2. Most relevant domains of competence:</b>	MK, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK2.4 ICS1.4 ICS 2.3 ICS 4.3 PBLI 3.3 PBLI 5.4 P 1.4
<b>4. Methods of assessment</b>	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers



Competency	Pre-Entrustable	Entrustable
MK 2	<p><b>Fail to Recognizes</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Unable to Defines</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t- tests, chi-square tests, and others)</p> <p><b>Lack of ability to independently utilizes</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets.</p> <p>Unable to Participates in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Fail to Selects</b> appropriate methods for analysing data;</p> <p><b>Fail to Performs</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Unable to Utilizes</b> appropriate software for data management and statistical analyses;</p> <p><b>Fail to Recognizes</b> the need to use complex statistical analyses (e.g., survival analysis, repeated measures)</p>	<p><b>Recognizes</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Defines</b> common statistical concepts (e.g., p- values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others)</p> <p><b>Independently utilizes</b> simple statistical methods (e.g., paired and unpaired t-tests, chi- square tests, and appropriate non-parametric tests) to describe small data sets.</p> <p>Participates in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Selects</b> appropriate methods for analysing data;</p> <p><b>Performs</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Utilizes</b> appropriate software for data management and statistical analyses;</p> <p><b>Recognizes</b> the need to use complex statistical analyses (e.g., survival analysis, repeated measures)</p>
ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p>

	<p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Lack of ability to Understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p>

	<p>Fail to Demonstrate an understanding of transitions of care and team debriefing</p> <p>Fail to Work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Fail to Participate in effective transitions of care and team debriefing</p> <p>Unable to Communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>
ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p> <p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>

<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Fail to identify</b> basic health status measures to assess/investigate a community's health. <b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
<p>PBLI 5</p>	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>

	<p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard. <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack f ability to be Aware</b> of basic bioethical principles.</p> <p><b>Fail to Identify</b> ethical issues in clinical situations</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Fail to Consistently <b>recognizes</b> ethical issues in practice.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p>

	<p><b>Fail to Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>
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<b>EPA 21: Conduct a Family Health Appraisal, identify &amp; prioritize issues, develop an action plan &amp; follow up.</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should have knowledge and be able to Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.
<b>2. Most relevant domains of competence:</b>	MK, ICS, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK1.4 MK4.4 ICS 4.3 P 1.4
<b>4. Methods of assessment</b>	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre-Entrustable	Entrustable
MK1	<p>Lack of ability to recognize distinctions between population and individual health services.</p> <p>Unable to define and identify vulnerable, under-privileged high-risk communities and their special needs.</p> <p>Fail to explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Unable to describes basic measures of effect (e.g., risk ratio).</p> <p>Fail to describes basic measures of quality (e.g., benchmarking), lists populations known to be underserved (e.g., low income).</p> <p>Unable to assess evidence for effectiveness of a population-based health service.</p> <p>Lack of ability to use scientific literature to identify a target population for a given population-based health service.</p> <p>Lack of ability to use scientific literature to identify barriers to delivery of population- based health service.</p> <p>Lack of ability to use program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Lack of ability to use evaluation findings to recommend strategic or operational improvements.</p> <p>Lack of ability to use data to identify barriers to population-based health services.</p>	<p>Recognizes distinctions between population and individual health services.</p> <p>Define and identify vulnerable, under- privileged high-risk communities and their special needs.</p> <p>Explain and correlate common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p>Describes basic measures of effect (e.g., risk ratio).</p> <p>Describes basic measures of quality (e.g., benchmarking).</p> <p>Lists populations known to be underserved (e.g., low income).</p> <p>Assesses evidence for effectiveness of a population-based health service.</p> <p>Uses scientific literature to identify a target population for a given population-based health service.</p> <p>Uses scientific literature to identify barriers to delivery of population-based health service.</p> <p>Uses program goals and/or established performance criteria to evaluate a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements. Uses data to identify barriers to population- based health services.</p>



<p>MK 4</p>	<p>Lack of ability to defines common key-terms used in health economics.</p> <p>Fail to evaluate socio-economic status of the family / community.</p> <p>Fail to explain the basis of health economics in health care institution to achieve the goal.</p> <p>Unable to describe the various quantitative</p>	<p>Defines common key-terms used in health economics.</p> <p>Can evaluate socio-economic status of the family / community.</p> <p>Explains the basis of health economics in health care institution to achieve the goal.</p> <p>Describes the various quantitative</p>
	<p>management techniques. Eg. cost-benefits analysis.</p> <p><b>Fail to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Lack of ability to be Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>Fail to keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>	<p>management techniques. Eg. cost-benefits analysis.</p> <p><b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)</p> <p>Competent to <b>develop</b> a study protocol with its budget proposal with resource mobilization and resource allocation.</p> <p>To keep abreast of recent advances in Public Health &amp;<b>formulate</b> feasible, optimal, sustainable, cost effective strategies in response to the advances in public health &amp; development</p>
<p>MK 5</p>	<p><b>Lack of ability to understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Unable to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Fail to understand</b> controls that can be used to reduce exposures in the workplace.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p>

<p><b>Unable to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Fail to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Lack of ability to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Lack of ability to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Lack of ability to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p>	<p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p>
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	<p>Fail to Work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Fail to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to Formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Fail to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Fail to provide</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>	<p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Provides</b> are efficiently (e.g., implementing an evidence-based treatment approach for a patient with work-related low back pain unresponsive to evidence-based treatments).</p>
PC 1	<p><b>Lack of ability to describe</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Fail to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health.</p> <p><b>Fail to identify</b> social and behavioural factors that affect health of individuals and population.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications</p> <p><b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health.</p> <p><b>Identifies</b> social and behavioural factors that</p>

	<p><b>Fail to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Unable to describe</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Lack of ability to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p>affect health of individuals and population.</p> <p><b>Identifies</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p>
PC 2	<p>Unable to obtain history and does basic physical examination.</p> <p>Fail to prescribe indicated medications.</p> <p>Fail to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Fail to identify diseases and conditions that require a public health response.</p> <p>Fail to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Lack of ability to participate in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Unable to accurately diagnose and effectively treat common presentations of diseases/conditions of public health significance.</p> <p>Fail to initiate an appropriate public health intervention for a disease or condition that requires a public health response.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response.</p> <p>Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p>Initiates an appropriate public health intervention for a disease or condition that requires a public health response.</p>

ICS 1	<p><b>Fail to understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Unable to do Assessment</b> of community communication needs.</p> <p><b>Fail to understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Fail to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Fail to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Fail to sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Unable to elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Unable to accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Fail to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
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ICS 2	<p>Lack of ability to Understand the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Fail to Demonstrate an understanding of transitions of care and team debriefing</p> <p>Fail to Work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Fail to Participate in effective transitions of care and team debriefing</p> <p>Unable to Communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>
ICS 4	<p>Fail to recognize the importance of effective communication with patients, families, and public.</p> <p>Fail to recognize the importance of effective communication with the health care team.</p> <p>Fail to recognize the importance of working with other members of the health care team. Unable to demonstrate effective communication with patients, families, or public in common situations.</p> <p>Fail to demonstrate effective communication with the health care team in common situations.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team.</p> <p>Recognizes the importance of working with other members of the health care team. Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p>

	<p>Lack of ability to work effectively with the health care team in common situations.</p> <p>Fail to demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Fail to demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Fail to work effectively with the health care team in clinical and population settings.</p>	<p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings.</p>
PBLI 1	<p><b>Fail to describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Unable to identify</b> major routes of human exposure to environmental toxicants.</p> <p><b>Unable to identify</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Unable to identify</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Fail to use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Fail to describe</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Lack of ability to identify</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Fail to plan</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>

<p>PBLI 3</p>	<p><b>Fail to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Unable to understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Fail to identify</b> common health issues in a community by conducting appropriate survey. <b>Fail to identify</b> basic health status measures to assess/investigate a community's health. <b>Fail to identify</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to select and describe</b> appropriate health status measures to assess a community's health. <b>Fail to plan</b> for appropriate feasible health interventions in the community after the survey.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health. <b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey.</p>
<p>PBLI 5</p>	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws. <b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people <b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard. <b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population. <b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Fail to Prepare</b> a written exposure</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws. <b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people <b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard. <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population. <b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>



	monitoring and reporting system plan for a specific workplace or other defined entity	
P 1	<p><b>Fail to Seek out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Lack of ability to be Aware</b> of basic bioethical principles.  <b>Fail to Identify</b> ethical issues in clinical situations  <b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Fail to Consistently <b>recognizes</b> ethical issues in practice.  <b>Fail to Discusses, analyses, and manages</b> in common clinical situations.  <b>Unable to Exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Fail to Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.  <b>Lack of ability to Balance</b> ethical principles required for individual patient care with those needed for addressing population health.  Unable to Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.  <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations.</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively <b>analyses and manages</b> ethical issues in both clinical and population-based medicine.</p>

<b>EPA 22 : Develop linkage for emergency preparedness in hospital</b>	
<b>1. Description of the activity:</b> a. (This included a brief rationale and a list of the functions required for the EPA)	Residents must be able to work in tandem with various stakeholders to develop linkages for preparedness during emergency situations like providing appropriate medical care in the event of man- made and natural disasters and other emergency situations
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, SBPI, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 5.3, PC 2.3, ICS 2.3, ICS 4.3, PBLI 1.3, PBLI 5.3, P 1.3
<b>4. Methods of assessment</b>	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment;</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation</p>

	<p>provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p>	of spirometry)
PC 2	<p>Unable to obtain history or do basic physical examination. Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and propose a treatment plan.</p> <p>Not able to identify diseases and conditions that require a public health response.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p>
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>

ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective</b> communication with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations.</p> <p><b>Does not work effectively</b> with the health care team in common situations.</p> <p>Does <b>not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings.</p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public. Recognizes the importance of <b>effective communication</b> with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations.</p> <p>Demonstrates <b>effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p><b>Works effectively</b> with the health care team in clinical and population settings</p>
PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p>

	<p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p>	<p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p>
PBLI 5	<p><b>Does not describe</b> various public health (includes occupational) Legislations &amp; Laws. <b>Unable to identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Does not understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Unable to list</b> the criteria/regulatory levels for exposures to the specific substance or hazard</p> <p><b>Unable to review</b> exposure &amp; monitor trend and prepares written reports about susceptible population</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p>

	<p>situations  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.  <b>Does not discuss, analyse, and manage</b> in common clinical situations.  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations</p>	<p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.  <b>Discusses, analyses, and manages</b> in common clinical situations.  <b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Effectively <b>analyses</b> and manages ethical issues in difficult clinical</p>
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<p><b>EPA 23:</b> Identify, assess and suggest preventive and control measures for common occupational diseases</p>	
<p>1. <b>Description of the activity:</b>  (This included a brief rationale and a list of the functions required for the EPA)</p>	<p>The residents must be able to correctly identify, assess and suggest preventive and control measures for common occupational diseases and especially in hazardous occupational situations to ensure the physical and mental well-being of the works involved</p>
<p>2. <b>Most relevant domains of competence:</b></p>	<p>MK, PC, ICS, PBLI, P</p>
<p>3. <b>Competencies within each domain critical to entrustment decisions:</b></p>	<p>MK 5.3, PC 2.3, ICS 1.3, ICS 2.3, ICS 4.3, PBLI 1.3, PBLI 5.3, P 1.3</p>
<p>4. <b>Methods of assessment</b></p>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p>
	<p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and</p>	<p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p>



	<p>accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work-related asthma and interpretation of spirometry)</p>	
PC 2	<p>Unable to obtain history or do basic physical examination.</p> <p>Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Not able to identify diseases and conditions that require a public health response.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p>

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>
ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective</b> communication with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations.</p> <p><b>Does not work effectively</b> with the health care team in common situations.</p> <p>Does <b>not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings.</p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of <b>effective communication</b> with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations.</p> <p>Demonstrates <b>effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p><b>Works effectively</b> with the health care team in clinical and population settings</p>

PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p>
PBLI 5	<p><b>Does not describe</b> various public health (includes occupational) Legislations &amp; Laws. <b>Unable to identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Does not understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Unable to list</b> the criteria/regulatory levels for exposures to the specific substance or hazard</p> <p><b>Unable to review</b> exposure &amp; monitor trend and prepares written reports about susceptible population</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population</p>

<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical</p>
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<b>EPA 24:</b> Observe various legislations and laws pertaining to health:	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents must be aware of the various legislations and laws pertaining to public health and keep abreast of the latest amendments of the various laws as it is made by the Government
<b>2. Most relevant domains of competence:</b>	MK, ICS, SBP, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 4.3, MK 6.3, ICS 2.3, ICS 4.3, PBLI 5.3, P 1.3
<b>4. Methods of assessment</b>	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 4	Unable to Define common key-terms used in health economics. Cannot evaluate socio-economic status of the family / community Does not explain the basis of health economics in health care institution to achieve the goal. Does not describe the various quantitative management techniques. Eg. cost-benefits analysis. <b>Unable to explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)	Defines common key-terms used in health economics. Can evaluate socio-economic status of the family / community Explains the basis of health economics in health care institution to achieve the goal. Describes the various quantitative management techniques. Eg. cost-benefits analysis. <b>Explain</b> the demand and supply, basis of Government's health budget and interpret it effectively. (Critical evaluation)
MK 6	<b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease. <b>Not able to explain</b> the basics concepts in demography and family planning <b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH <b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department.	<b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease. <b>Explains</b> the basics concepts in demography and family planning <b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH <b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p>
ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective communication</b> with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations.</p> <p><b>Does not work effectively</b> with the health care team in common situations.</p> <p>Does <b>not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings.</p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of <b>effective communication</b> with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations.</p> <p>Demonstrates <b>effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p><b>Works effectively</b> with the health care team in clinical and population settings</p>

PBLI 5	<p><b>Does not describe</b> various public health (includes occupational) Legislations &amp; Laws. <b>Unable to identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Does not understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Unable to list</b> the criteria/regulatory levels for exposures to the specific substance or hazard</p> <p><b>Unable to review</b> exposure &amp; monitor trend and prepares written reports about susceptible population</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws. <b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws. <b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard <b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyses</b> and manages ethical issues in difficult clinical</p>

<b>EPA 25</b> : Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents must be able to plan and conduct community health services including camps, IEC, Conduct training sessions for peripheral health care workers etc
<b>2. Most relevant domains of competence:</b>	MK , PC, ICS, SBP, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 3.4, 5.4, PC 1.4, ICS 1.4, ICS 2.4, ICS 3.4, ICS 4.4, PBLI 1.4, PBLI 3.4, P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services <b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p>



	<p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).  <b>Not able to lists</b> populations known to be underserved (e.g., low income).  <b>Unable to assess</b> evidence for effectiveness of a population-based health service.  Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.  Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service  Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.  Unable to use evaluation findings to recommend strategic or operational improvements.  Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Describes</b> basic measures of quality (e.g., benchmarking).  <b>Lists</b> populations known to be underserved (e.g., low income).  <b>Assesses</b> evidence for effectiveness of a population-based health service.  <b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.  Uses scientific literature to <b>identify</b> barriers to delivery of population- based health service  Uses program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.  Uses evaluation findings to recommend strategic or operational improvements.  Uses data to <b>identify</b> barriers to population- based health services</p>
MK 3	<p><b>Not able to Distinguish</b> between experimental and observational studies  <b>Unable to explain</b> what is meant by validity, bias, confounding, and effect modification. Unable to describe commonly used study designs (e.g., randomized controlled trail [RCT], cohort; case-control, cross-sectional). <b>Cannot distinguish</b> between association and causation; lists criteria for causal inference  <b>Unable to critically review and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases  Unable to <b>design</b> and conduct a basic epidemiological study (defines aims;  <b>Not able to select</b> appropriate study designs; <b>Not able to collect, analyse, and interpret</b> data and <b>identify or discuss</b> findings and limitations.</p>	<p><b>Distinguishes</b> between experimental and observational studies  <b>Explains</b> what is meant by validity, bias, confounding, and effect modification.  Describes commonly used study designs (e.g., randomized controlled trail [RCT], cohort; case-control, cross-sectional).  <b>Distinguishes</b> between association and causation; lists criteria for causal inference  <b>Critically reviewsand interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases  Able to <b>design</b> and conduct a basic epidemiological study (defines aims;  <b>Selects</b> appropriate study designs;  <b>Collects, analyses, and interprets</b> data and <b>identifies and discusses</b> findings and limitations.</p>

<p>MK 5</p>	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Does not understand</b> controls that can be used to reduce exposures in the workplace. <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.</p> <p><b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.</p> <p><b>Understands</b> controls that can be used to reduce exposures in the workplace.</p> <p><b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate-level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan.</p> <p>Begins to assess work-relatedness (e.g., repair of simple laceration, initial management of non-displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p>
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	<p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence-based treatments).</p>	<p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management. <b>Provides</b> are efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence-based treatments).</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications <b>Not able to list</b> major effects of individual behaviour on health.</p> <p><b>Unable to recognize</b> that social and behavioural factors influence population health</p> <p><b>Not able to identify</b> social and behavioural factors that affect health of individuals and population.</p> <p><b>Not able to identify</b> best practice and tools to assess risk behaviours.</p> <p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Not able to identify</b> the causes of social and behavioural factors that affect health of populations.</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications <b>Lists</b> major effects of individual behaviour on health.</p> <p><b>Recognizes</b> that social and behavioural factors influence population health</p> <p><b>Identifies</b> social and behavioural factors that affect health of individuals and population. <b>Identifies</b> best practice and tools to assess risk behaviours.</p>

	<p><b>Unable to integrate</b> best practices and tools to assess individual and population risk behaviours.</p> <p><b>Not able to implement</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Not able to Plan and execute</b> BCC strategy for individuals / community</p>	<p><b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Identifies</b> the causes of social and behavioural factors that affect health of populations.</p> <p><b>Integrates</b> best practices and tools to assess individual and population risk behaviours. <b>Implements</b> effective approaches to modify individual and population health behaviours.</p> <p><b>Plan and executes</b> BCC strategy for individuals / community</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 3	<p><b>Does not demonstrate</b> various ICT tools in classroom teaching and health education.</p> <p><b>Does not demonstrate</b> the advantages and disadvantages of various ICT tools</p> <p><b>Does not demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Does not incorporate</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Does not demonstrate</b> the ability</p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education.</p> <p><b>Demonstrates</b> the advantages and disadvantages of various ICT tools</p> <p><b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Incorporates</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Demonstrate</b> the ability to Mobilizes team members and links patients with</p>

	to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals	community resources to achieve health promotion and disease prevention goals
ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public. <b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team. <b>Does not demonstrate effective</b> communication with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations. <b>Does not work effectively</b> with the health care team in common situations.</p> <p>Does <b>not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings. <b>Does not work effectively</b> with the health care team in clinical and population settings <b>Does not demonstrate effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p><b>Unable to communicate effectively</b> with the health care team in stressful situations/crises. <b>Does not work effectively</b> with the health care team in stressful situations/crisis</p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public. Recognizes the importance of <b>effective communication</b> with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations. Demonstrates effective communication with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations. Demonstrates <b>effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information. Demonstrates effective communication with the health care team in clinical and population settings. <b>Works effectively</b> with the health care team in clinical and population settings <b>Demonstrates effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities. Able to <b>communicate effectively</b> with the health care team in stressful situations/crises. <b>Works effectively</b> with the health care team in stressful situations/crisis</p>

PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>
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<p>PBLI 3</p>	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey. <b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
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<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine</p>
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<b>EPA 26 : Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents will gather relevant scientific information from authentic sources and studies pertaining to problems of public health importance and critically appraise the content of such sources to arrive at pertinent solutions for public health problems
<b>2. Most relevant domains of competence:</b>	MK. PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 2.3, MK 3.3, PBLI 2.3, PBLI 4.3, PBLI 8.3
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Workplace assessment by faculty</li> <li>2. Feed back from peers</li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 2	<p><b>Does not recognize</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Does not define</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others)</p> <p><b>Cannot independently utilize</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets. Does not participate in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression) <b>Unable to select</b> appropriate methods for analysing data;</p>	<p><b>Recognizes</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Defines</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others)</p> <p><b>Independently utilizes</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets. Participates in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Selects</b> appropriate methods for analysing data;</p>

	<p><b>Unable to perform</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p>	<p><b>Performs</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p>
MK 3	<p><b>Not able to Distinguish</b> between experimental and observational studies <b>Unable to explain</b> what is meant by validity, bias, confounding, and effect modification. Unable to describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional). <b>Cannot distinguish</b> between association and causation; lists criteria for causal inference <b>Unable to critically review and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>	<p><b>Distinguishes</b> between experimental and observational studies <b>Explains</b> what is meant by validity, bias, confounding, and effect modification. Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional). <b>Distinguishes</b> between association and causation; lists criteria for causal inference <b>Critically reviews and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>
PBLI 2	<p><b>Does not recognize</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals) <b>Unable to calculate</b> Odds Ratio, Relative Risk, Attributable risk and other relevant health and morbidity indicators. <b>Does not define</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others) <b>Unable to represent data</b> in the form of tabular column and graphical representation. <b>Does not independently utilize simple statistical methods</b> (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets. Participates in the use of statistical software to perform statistical tests. <b>Does not understand</b> more advanced statistical methods (e.g., linear and logistic regression).</p>	<p><b>Recognizes</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals) <b>Calculate</b> Odds Ratio, Relative Risk, Attributable risk and other relevant health and morbidity indicators. <b>Defines</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others) <b>Able to represent data</b> in the form of tabular column and graphical representation. <b>Independently utilizes simple statistical methods</b> (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets. Participates in the use of statistical software to perform statistical tests. <b>Understands</b> more advanced statistical methods (e.g., linear and logistic regression).</p>

PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid</p>
	<p>rapid response teams formed under IDSP. <b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse). <b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p>	<p>response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur <b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak <b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases <b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p>

PBLI 8	<p><b>Does not describe basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Not able to categorize</b> the various designs of a research study</p> <p><b>Unable to identify</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Unable to apply</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Cannot critically evaluate</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p>	<p><b>Describes basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Categorize</b> the various designs of a research study</p> <p><b>Identifies</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Applies</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Critically evaluates</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p>
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<b>EPA 27:</b> Participate in the various disease surveillance systems of the government and notification of diseases	
<p><b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)</p>	<p>Residents are expected to be aware and to actively participate in the disease surveillance systems of the Government and to notify the authorities in case of outbreaks being reported in the field practise area</p>
<p><b>2. Most relevant domains of competence:</b></p>	<p>MK, PC, ICS, PBLI, P</p>
<p><b>3. Competencies within each domain critical to entrustment decisions:</b></p>	<p>MK 2.3, MK 3.3, PC 2.3, ICS 1.3, ICS 2.3, ICS 3.3, ICS 4.3, PBLI 3.3, PBLI 4, 3 PBLI 6.3, P 1.3</p>
<p><b>4. Methods of assessment</b></p>	<ol style="list-style-type: none"> <li>1. Workplace assessment by Faculty</li> <li>2. Multisource feedback <ol style="list-style-type: none"> <li>a. Health care workers</li> <li>b. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 2	<p><b>Does not recognize</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Does not define</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others)</p> <p><b>Cannot independently utilize</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets. Does not participate in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression) <b>Unable to select</b> appropriate methods for analysing data;</p> <p><b>Unable to perform</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p>	<p><b>Recognizes</b> common statistical concepts (e.g., measures of central tendency, p-values, and confidence intervals)</p> <p><b>Defines</b> common statistical concepts (e.g., p-values and confidence intervals); describes frequently used statistical tests (e.g., paired and unpaired t-tests, chi-square tests, and others)</p> <p><b>Independently utilizes</b> simple statistical methods (e.g., paired and unpaired t-tests, chi-square tests, and appropriate non-parametric tests) to describe small data sets.</p> <p>Participates in the use of statistical software to <b>perform</b> statistical tests; understands more advanced statistical methods (e.g., linear and logistic regression)</p> <p><b>Selects</b> appropriate methods for analysing data;</p> <p><b>Performs</b> data analyses using more advanced statistical methods (e.g., linear and logistic regression)</p>
MK 3	<p><b>Not able to Distinguish</b> between experimental and observational studies</p> <p><b>Unable to explain</b> what is meant by validity, bias, confounding, and effect modification. Unable to describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional). <b>Cannot distinguish</b> between association and causation; lists criteria for causal inference <b>Unable to critically review and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>	<p><b>Distinguishes</b> between experimental and observational studies</p> <p><b>Explains</b> what is meant by validity, bias, confounding, and effect modification. Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional).</p> <p><b>Distinguishes</b> between association and causation; lists criteria for causal inference <b>Critically reviews and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>

PC 2	<p>Unable to obtains history or do basic physical examination. Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Not able to identify diseases and conditions that require a public health response.</p>	<p>Obtains history and does basic physical examination. Prescribes indicated medications. Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p>
ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>

ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 3	<p><b>Does not demonstrate</b> various ICT tools in classroom teaching and health education.</p> <p><b>Does not demonstrate</b> the advantages and disadvantages of various ICT tools</p> <p><b>Does not demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Does not incorporate</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Does not demonstrate</b> the ability to Mobilizes team members and links patients with community</p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education.</p> <p><b>Demonstrates</b> the advantages and disadvantages of various ICT tools</p> <p><b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Incorporates</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>



	resources to achieve health promotion and disease prevention goals	
ICS 4	<p><b>Unable to recognize</b> the importance of effective communication with patients, families, and public.</p> <p><b>Does not recognize the importance of</b> effective communication with the health care team.</p> <p><b>Unable to recognize</b> the importance of working with other members of the health care team.</p> <p><b>Does not demonstrate effective</b> communication with patients, families, or public in common situations.</p> <p><b>Unable to demonstrate effective communication</b> with the health care team in common situations.</p> <p><b>Does not work effectively</b> with the health care team in common situations.</p> <p>Does <b>not demonstrate effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p><b>Does not demonstrate</b> effective communication with the health care team in clinical and population settings.</p> <p><b>Does not work effectively</b> with the health care team in clinical and population settings <b>Does not demonstrate effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p><b>Unable to communicate effectively</b> with the health care team in stressful situations/crises.</p> <p><b>Does not work effectively</b> with the health care team in stressful situations/crisis</p>	<p><b>Recognizes</b> the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of <b>effective communication</b> with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p><b>Demonstrates effective communication</b> with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p><b>Works effectively</b> with the health care team in common situations.</p> <p>Demonstrates <b>effective communication</b> with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p><b>Works effectively</b> with the health care team in clinical and population settings</p> <p><b>Demonstrates effective communication</b> with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to <b>communicate effectively</b> with the health care team in stressful situations/crises. <b>Works effectively</b> with the health care team in stressful situations/crisis</p>

PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey. <b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community. <b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP. <b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur</p> <p><b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p>

	<p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse). <b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p>	<p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p>
PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analyse surveillance data</b></p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems</p>

	to identify appropriate targets for individual, community, and/or systems interventions. <b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).	interventions. <b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).
P 1	Unable to obtain history or do basic physical examination. Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Not able to identify diseases and conditions that require a public health response.	Obtains history and does basic physical examination. Prescribes indicated medications. Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Identifies diseases and conditions that require a public health response.

<b>EPA 28 : Collection, processing and testing food and water samples</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents must be able to collect food and water samples as per prescribed protocols to test for presence of adulterants and other pathogenic organisms, the presence of which will be detrimental to health in the event of consumption. The residents must be familiar with procedures to test residual chlorine of water and also be able to estimate the chlorine demand of water as per prescribed methods.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, SBP, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 3.3, PC 2.3, ICS 2.3, PBLI 3.3, PBLI 7.3, P 1.3
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Practical exam</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Health care workers</li> <li>b. Peers</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 3	<p><b>Not able to Distinguish</b> between experimental and observational studies <b>Unable to explain</b> what is meant by validity, bias, confounding, and effect modification. Unable to describe commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional). <b>Cannot distinguish</b> between association and causation; lists criteria for causal inference <b>Unable to critically review and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>	<p><b>Distinguishes</b> between experimental and observational studies <b>Explains</b> what is meant by validity, bias, confounding, and effect modification. Describes commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional). <b>Distinguishes</b> between association and causation; lists criteria for causal inference <b>Critically reviews and interprets</b> epidemiologic literature for commonly used study designs, identifying purpose, population, design, and biases</p>
PC 2	<p>Unable to obtain history or do basic physical examination. Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and propose a treatment plan. Not able to identify diseases and conditions that require a public health response.</p>	<p>Obtains history and does basic physical examination. Prescribes indicated medications. Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. Identifies diseases and conditions that require a public health response.</p>
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Does not demonstrate an understanding of transitions of care and team debriefing Does not work effectively in interprofessional and interdisciplinary health care teams and NGOs Unable to participate in effective transitions of care and team debriefing</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team Demonstrates an understanding of transitions of care and team debriefing Works effectively in interprofessional and interdisciplinary health care teams and NGOs Participates in effective transitions of care and team debriefing</p>

	<p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey. <b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement or collaborate</b> with a health program for the community to identify and prevent diseases of public health importance</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement or collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>

PBLI 7	<p><b>Does not know the food / water quality</b> tests and standards</p> <p><b>Unable to lift food / water samples</b> from various sources, analyse it and interpret the report.</p> <p>Unable to <b>identify</b> and control food / water borne diseases in the community / hospital.</p> <p><b>Does not know how to plan and implement</b> outbreak investigation and respond to any food borne disease outbreak from the community</p>	<p><b>Knows the food / water quality</b> tests and standards</p> <p><b>Lift food / water samples</b> from various sources, analyse it and interpret the report.</p> <p>Be able to <b>identify</b> and control food / water borne diseases in the community / hospital.</p> <p><b>Plan and implement</b> outbreak investigation and respond to any food borne disease outbreak from the community</p>
P 1	<p>Unable to obtain history or do basic physical examination.</p> <p>Not able to prescribe indicated medications. Unable to generate a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Not able to identify diseases and conditions that require a public health response.</p>	<p>Obtains history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p>Generates a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p>Identifies diseases and conditions that require a public health response.</p>

<b>EPA 29: Review and comment on ongoing health programmes and schemes</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should be able to have a deeper knowledge about the existing and ongoing national health programs, policies, schemes and project and must be in a position to critically analyse all these and provide suggestions. The resident should apply the aspects found in these national documents in the daily practice.
<b>2. Most relevant domains of competence:</b>	MK, ICS, SBP, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 6.4 ICS 2.4 SBP 1.4, SBP 2.4 PBLI 1.4, PBLI 3.4, PBLI 5.4, PBLI 6.4 PBLI 8.4, P 1.4
<b>4. Methods of assessment</b>	1. Written exam (Every 3/6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Faculties/ Doctors b. Other health care workers c. Patients d. Community e. Undergraduate students f. Peer g. Self

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department.</p> <p><b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>



ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team Does not demonstrate an understanding of transitions of care and team debriefing Does not works effectively in inter professional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes. Unable to lead the team in complex situation Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing Works effectively in interprofessional and interdisciplinary health care teams and NGOs Participates in effective transitions of care and team debriefing Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes. Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
SBP 1	<p><b>Fail to Demonstrate</b> knowledge of triage concepts.</p> <p><b>Fail to Demonstrate</b> basic skills in emergency medical care.</p> <p><b>Lack of ability to Classify</b> the injured persons as per standard triage guidelines.</p> <p><b>Fail to Demonstrate</b>basic knowledge of emergency preparedness plan.</p> <p><b>Fail to Demonstrate and applies</b> understanding of emergency preparedness programs</p> <p><b>Fail to Demonstrate</b>the ability to develop and evaluate themedical portion of an emergency plan. Unable To <b>develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>	<p><b>Demonstrates</b> knowledge of triage concepts.</p> <p><b>Demonstrates</b> basic skills in emergency medical care.</p> <p><b>Classify</b> the injured persons as per standard triage guidelines.</p> <p><b>Demonstrates</b> basic knowledge of emergency preparedness plan.</p> <p><b>Demonstrates and applies</b> understanding of emergency preparedness programs</p> <p><b>Demonstrates</b> the ability to develop and evaluate the medical portion of an emergency plan.</p> <p>To <b>develop</b> a comprehensive plan for disaster management and mitigation of sufferings (Eg. Hospital disaster management plan).</p>

SBP 2	<p><b>Does not describe</b> the types of hospital wastes generated in Hospital</p> <p><b>Does not demonstrate</b> the difference between infectious and non-infectious waste. <b>Unable to Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW <b>Does not demonstrate</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>	<p><b>Describes</b> the types of hospital wastes generated in Hospital</p> <p><b>Demonstrates</b> the difference between infectious and non-infectious waste.</p> <p><b>Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p><b>Demonstrates</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community. <b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey. <b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey <b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>

<p>PBLI 5</p>	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
<p>PBLI 6</p>	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Does not identify commonly</b> used</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data</p>

	<p>surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analysesurveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p>sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>
PBLI 8	<p><b>Does not describe basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Not able to categorize</b> the various designs of a research study</p> <p><b>Unable to identify</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Unable to apply</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Cannot critically evaluate</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice</p>	<p><b>Describes basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Categorize</b> the various designs of a research study</p> <p><b>Identifies</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Applies</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Critically evaluates</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice.</p>

<p>P 1</p>	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Unaware</b> of basic bioethical principles. <b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health. Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles. <b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations. <b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health. Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 30: Develop linkages with the local health governance, local NGOs and grassroots agencies</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should be able to document ways to ensure involvement of public health care system and NGOs. Identify priority areas to effective coordination at all levels of public health care system and with the NGOs. Provide measures for ensuring accountability and improving the coordination with different sectors. Identify and provide scope of development in terms of community health care and research.
<b>2. Most relevant domains of competence:</b>	MK, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 6.4 ICS 2.4, ICS 4.4 PBLI 6.4 P 1.4
<b>4. Methods of assessment</b>	1. Written exam (Every 3/6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Faculties/ Doctors b. Other health care workers c. Patients d. Community e. Undergraduate students f. Peer g. Self

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department. <b>Lacks ability</b> to critically appraise the strategies of national health programs and</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>

	suggest appropriate measures for improvement	
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable tp participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not leads effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public.</p> <p>Does not recognize the importance of effective communication with the health care team.</p> <p>Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with</p>

	<p>public in common situations. Unable to demonstrate effective communication with the health care team in common situations. Does not work effectively with the health care team in common situations.</p> <p>Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Does not demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Does not work effectively with the health care team in clinical and population settings</p> <p>Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Unable to communicate effectively with the health care team in stressful situations/crises. Does not work effectively with the health care team in stressful situations/crisis</p>	<p>the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings</p> <p>Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes) <b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p>



	<p><b>Cannot analyse surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>

<b>EPA 31: Use of ICT tools for classroom teaching &amp; health education campaigns</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should be aware of various ICT tools to instil knowledge among undergraduate and postgraduate students and should be able to device appropriate health education messages for public health awareness using various health communications strategies.
<b>2. Most relevant domains of competence:</b>	MK, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 6.4 ICS 1.4, ICS 2.4, ICS 3.4, ICS 4.4 PBLI 1.4, PBLI 5.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback               <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peer</li> <li>g. Self</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department.</p> <p><b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same.</p> <p>Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>

ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels.</p> <p>Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not work effectively in interprofessional and interdisciplinary health care teams and NGOs</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p>

	<p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not lead effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes. Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 3	<p><b>Does not demonstrate</b> various ICT tools in classroom teaching and health education.</p> <p><b>Does not demonstrate</b> the advantages and disadvantages of various ICT tools</p> <p><b>Does not demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Does not incorporate</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Does not demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education.</p> <p><b>Demonstrates</b> the advantages and disadvantages of various ICT tools</p> <p><b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Incorporates</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>

ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public.</p> <p>Does not recognize the importance of effective communication with the health care team.</p> <p>Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or public in common situations.</p> <p>Unable to demonstrate effective communication with the health care team in common situations.</p> <p>Does not work effectively with the health care team in common situations.</p> <p>Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Does not demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Does not work effectively with the health care team in clinical and population settings</p> <p>Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Unable to communicate effectively with the health care team in stressful situations/crises. Does not work effectively with the health care team in stressful situations/crisis</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings</p> <p>Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p>

	<p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>
PBLI 5	<p><b>Unable to Describe</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Identify</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Unable to Understand</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Fail to Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Fail to Review</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Unable to Monitor</b> the implementation and enforcement of various Public</p>	<p><b>Describes</b> various public health (includes occupational) Legislations &amp; Laws.</p> <p><b>Identifies</b> relevant regulatory agencies with jurisdiction for regulating exposure to people</p> <p><b>Understands</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p> <p><b>Lists</b> the criteria/regulatory levels for exposures to the specific substance or hazard.</p> <p><b>Reviews</b> exposure &amp; monitor trend and prepares written reports about susceptible population.</p> <p><b>Monitors</b> the implementation and enforcement of various Public Health (includes occupational) Legislations &amp; Laws.</p>

	<p>Health (includes occupational) Legislations &amp; Laws.  <b>Fail to Prepare</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>	<p><b>Prepares</b> a written exposure monitoring and reporting system plan for a specific workplace or other defined entity</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.  <b>Unaware</b> of basic bioethical principles.  <b>Does not identify</b> ethical issues in clinical situations  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.  Does not consistently <b>recognize</b> ethical issues in practice.  <b>Does not discuss, analyse, and manage</b> in common clinical situations.  <b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.  Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.  <b>Aware</b> of basic bioethical principles.  <b>Identifies</b> ethical issues in clinical situations  <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.  <b>Discusses, analyses, and manages</b> in common clinical situations.  <b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups  Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations <b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.  Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>

<b>EPA 32:</b> Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should be assess the nutritional status of individuals, families and communities through various available strategies and should be able to prepare a recommendation plan based on the findings.
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 1.4, MK 6.4 PC 1.4, PC 2.4 ICS 2.4, ICS 4.4 PBLI 3.4, PBLI 6.4 PBLI 8.4, P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peer</li> <li>g. Self</li> </ol> </li> </ol>



Competency	Pre-Entrustable	Entrustable
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services</p> <p><b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.</p> <p>Not able to use scientific literature to <b>identify</b> a target population for a given population- based health service.</p> <p>Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service</p> <p>Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Unable to use evaluation findings to recommend strategic or operational improvements.</p> <p>Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Lists</b> populations known to be underserved (e.g., low income).</p> <p><b>Assesses</b> evidence for effectiveness of a population-based health service.</p> <p><b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.</p> <p>Uses scientific literature to <b>identify</b> barriers to delivery of population- based health service</p> <p>Uses program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.</p> <p>Uses evaluation findings to recommend strategic or operational improvements.</p> <p>Uses data to <b>identify</b> barriers to population- based health services.</p>
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p>

	<p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department. <b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department. <b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>
PC 1	<p><b>Does not describe</b> the intricacies of social &amp; behavioural sciences and their applications <b>Unable to list</b> major effects of individual behaviour on health. <b>Does not recognize</b> that social and behavioural factors influence population health <b>Unable to identify</b> social and behavioural factors that affect health of individuals and population. <b>Unable to identify</b> best practice and tools to assess risk behaviours. <b>Unable to describe</b> effective approaches to modify individual and population health behaviours. <b>Does not identify</b> the causes of social and behavioural factors that affect health of populations. <b>Does not integrate</b> best practices and tools to assess individual and population risk behaviours. <b>Does not implement</b> effective approaches to modify individual and population health behaviours. <b>Unable to plan and execute</b> BCC strategy for individuals / community</p>	<p><b>Describes</b> the intricacies of social &amp; behavioural sciences and their applications <b>Lists</b> major effects of individual behaviour on health. <b>Recognizes</b> that social and behavioural factors influence population health <b>Identifies</b> social and behavioural factors that affect health of individuals and population. <b>Identifies</b> best practice and tools to assess risk behaviours. <b>Describes</b> effective approaches to modify individual and population health behaviours. <b>Identifies</b> the causes of social and behavioural factors that affect health of populations. <b>Integrates</b> best practices and tools to assess individual and population risk behaviours. <b>Implements</b> effective approaches to modify individual and population health behaviours.  <b>Plan and executes</b> BCC strategy for individuals / community</p>
PC 2	<p><b>Unable to obtain</b> history and does basic physical examination. Not able to prescribe indicated medications. <b>Does not generate</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. <b>Not able to identify</b> diseases and conditions that require a public health response. <b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p>	<p><b>Obtains</b> history and does basic physical examination. Prescribes indicated medications. <b>Generates</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. <b>Identifies</b> diseases and conditions that require a public health response. Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p>

	<p><b>Unable to participate</b> in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Unable to initiate</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p>Participates in an appropriate public health intervention for a disease or condition that requires a public health response <b>Accurately diagnoses</b> and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Initiates</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not work effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not lead effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p> <p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public.</p> <p>Does not recognize the importance of effective communication with the health care team.</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team. Recognizes the importance of working with other members of the health care team.</p>

	<p>Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or public in common situations.</p> <p>Unable to demonstrate effective communication with the health care team in common situations.</p> <p>Does not work effectively with the health care team in common situations.</p> <p>Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Does not demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Does not work effectively with the health care team in clinical and population settings</p> <p>Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Unable to communicate effectively with the health care team in stressful situations/crises.</p> <p>Does not work effectively with the health care team in stressful situations/crisis</p>	<p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings</p> <p>Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community. <b>Unable to identify</b> common health issues in a community by conducting appropriate survey. <b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey</p>

	<p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes) <b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analyse surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>

PBLI 8	<p><b>Does not describe basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Not able to categorize</b> the various designs of a research study</p> <p><b>Unable to identify</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Unable to apply</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Cannot critically evaluate</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice</p>	<p><b>Describes basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Categorize</b> the various designs of a research study</p> <p><b>Identifies</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Applies</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Critically evaluates</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice.</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups.</p> <p>Does not consistently <b>recognize</b> ethical issues in practice.</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p>

	<p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations</p> <p>Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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<b>EPA 33: Develop the plan for vector control strategies in case of epidemic/s</b>	
<p><b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)</p>	<p>The resident should be able to understand the various national health policies, programs and strategies related to vector control and should be in a position to devise a plan in case of a vector born disease outbreak.</p>
<p><b>2. Most relevant domains of competence:</b></p>	<p>MK, ICS, SBP, PBLI, P</p>
<p><b>3. Competencies within each domain critical to entrustment decisions:</b></p>	<p>MK 6.3 ICS 2.3, ICS 3.3 SBP 2.3 PBLI 3.3, PBLI 4.3, PBLI 6.3 PBLI 8.3, P 1.3</p>
<p><b>4. Methods of assessment</b></p>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peer</li> <li>g. Self</li> </ol> </li> </ol>

Competency	Pre-Entrustable	Entrustable
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department. <b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>
ICS 3	<p><b>Does not demonstrate</b> various ICT tools in classroom teaching and health education.</p> <p><b>Does not demonstrate</b> the advantages and disadvantages of various ICT tools</p> <p><b>Does not demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Does not incorporate</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Does not demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education.</p> <p><b>Demonstrates</b> the advantages and disadvantages of various ICT tools</p> <p><b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Incorporates</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>
SBP 2	<p><b>Does not describe</b> the types of hospital wastes generated in Hospital</p> <p><b>Does not demonstrate</b> the difference between infectious and non-infectious waste.</p>	<p><b>Describes</b> the types of hospital wastes generated in Hospital</p> <p><b>Demonstrates</b> the difference between infectious and non-infectious waste.</p>



	<p><b>Unable to Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p><b>Does not demonstrate</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>	<p><b>Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p><b>Demonstrates</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>
PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement</b> or <b>collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement</b> or <b>collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p>

<p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Understands</b> that clusters or outbreaks occur <b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse). <b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases <b>Understands</b> approaches for mitigating and responding to a cluster or outbreak <b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
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<p>PBLI 6</p>	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes) <b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analysesurveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p> <p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>
<p>PBLI 8</p>	<p><b>Does not describe basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Not able to categorize</b> the various designs of a research study</p> <p><b>Unable to identify</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Unable to apply</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Cannot critically evaluate</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles of</b></p>	<p><b>Describes basic concepts</b> in clinical epidemiology and biostatistics;</p> <p><b>Categorize</b> the various designs of a research study</p> <p><b>Identifies</b> pros and cons of various study designs and associated bias; Able to formulate research question &amp; hypothesis</p> <p><b>Applies</b> a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses.</p> <p><b>Critically evaluates</b> information from others, including colleagues, experts, and pharmaceutical representatives, as well as patient-delivered information.</p> <p><b>Incorporates principles</b> of evidence-based care and information mastery into practice.</p>

	evidence-based care and information mastery into practice	
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health. Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>

<b>EPA 34: Implement biomedical waste management</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	The resident should be able to exhibit an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste and demonstrate the same to various health care professionals and workers.
<b>2. Most relevant domains of competence:</b>	MK, ICS, SBP, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 6.3 ICS 1.3, ICS 4.3 SBP 2.3 PBLI 1.3 P 1.3
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback               <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peer</li> <li>g. Self</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p>
	<p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department. <b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>

ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 3	<p><b>Does not demonstrate</b> various ICT tools in classroom teaching and health education.</p> <p><b>Does not demonstrate</b> the advantages and disadvantages of various ICT tools</p> <p><b>Does not demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Does not incorporate</b> the disease prevention and health promotion into practice through health education by identifying the roles</p>	<p><b>Demonstrates</b> various ICT tools in classroom teaching and health education.</p> <p><b>Demonstrates</b> the advantages and disadvantages of various ICT tools</p> <p><b>Demonstrate</b> the need of health education intervention for increasing awareness about family, social and behavioural factors based on survey findings</p> <p><b>Incorporates</b> the disease prevention and health promotion into practice through health education by identifying the roles of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p>

	<p>of behavior, social determinants of health, and genetics as factors in health promotion and disease prevention</p> <p><b>Does not demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>	<p><b>Demonstrate</b> the ability to Mobilizes team members and links patients with community resources to achieve health promotion and disease prevention goals</p>
SBP 2	<p><b>Does not describe</b> the types of hospital wastes generated in Hospital</p> <p><b>Does not demonstrate</b> the difference between infectious and non-infectious waste.</p> <p><b>Unable to Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p><b>Does not demonstrate</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>	<p><b>Describes</b> the types of hospital wastes generated in Hospital</p> <p><b>Demonstrates</b> the difference between infectious and non-infectious waste.</p> <p><b>Explain</b> the colour coding for various wastes generated in the hospital based upon the recent guidelines of BMW</p> <p><b>Demonstrates</b> an in-depth knowledge regarding bio-medical waste and methods of disinfecting the bio-waste</p>
PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>

	<p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations</p> <p>Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community.</p> <p><b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>



<b>EPA 35:Develop network with public health expert and colleagues</b>	
<b>1. Description of the activity:</b> (This included a brief rationale and a list of the functions required for the EPA)	Residents should be able to demonstrate effective communication, linkage network with experts from various public health disciplines and understand the importance of working with diverse stakeholders outside of the local health care environment, such as state agencies, regional health care systems, etc.,
<b>2. Most relevant domains of competence:</b>	MK, PC, ICS, PBLI, P
<b>3. Competencies within each domain critical to entrustment decisions:</b>	MK 6.4 PC 2.4 ICS 1.4, ICS 2.4, ICS 4.4 PBLI 1.4, PBLI 3.4 P 1.4
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 3/6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multisource feedback <ol style="list-style-type: none"> <li>a. Faculties/ Doctors</li> <li>b. Other health care workers</li> <li>c. Patients</li> <li>d. Community</li> <li>e. Undergraduate students</li> <li>f. Peer</li> <li>g. Self</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre-Entrustable</b>	<b>Entrustable</b>
MK 1	<p><b>Unable to recognize</b> distinctions between population and individual health services</p> <p><b>Unable to define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Unable to explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Not able to describe</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Unable to describe</b> basic measures of quality (e.g., benchmarking).</p> <p><b>Not able to lists</b> populations known to be underserved (e.g., low income).</p>	<p><b>Recognizes</b> distinctions between population and individual health services</p> <p><b>Define and identify</b> vulnerable, under-privileged high-risk communities and their special needs.</p> <p><b>Explain and correlate</b> common medical, social, economic, psychological health problems of the community including vulnerable, under-privileged high-risk communities.</p> <p><b>Describes</b> basic measures of effect (e.g., risk ratio).</p> <p><b>Describes</b> basic measures of quality (e.g., benchmarking).</p>

	<p><b>Unable to assess</b> evidence for effectiveness of a population-based health service.  Not able to uses scientific literature to <b>identify</b> a target population for a given population-based health service.  Does not use scientific literature to <b>identify</b> barriers to delivery of population- based health service  Does not use program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.  Unable to use evaluation findings to recommend strategic or operational improvements.  Unable to use data to <b>identify</b> barriers to population- based health services.</p>	<p><b>Lists</b> populations known to be underserved (e.g., low income).  <b>Assesses</b> evidence for effectiveness of a population-based health service.  <b>Uses</b> scientific literature to <b>identify</b> a target population for a given population-based health service.  Uses scientific literature to <b>identify</b> barriers to delivery of population- based health service  Uses program goals and/or established performance criteria to <b>evaluate</b> a population- based health service.  Uses evaluation findings to recommend strategic or operational improvements.  Uses data to <b>identify</b> barriers to population- based health services.</p>
MK 5	<p><b>Does not understand</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.  <b>Not able to acquire</b> a history and <b>perform</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.  <b>Does not understand</b> controls that can be used to reduce exposures in the workplace.  <b>Not able to acquire</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal extremity fracture, interpretation of surveillance pure-tone audiometry).  Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p>	<p><b>Understands</b> basic epidemiologic concepts and recognizes that diseases and injuries occur in a social and environmental context at work place.  <b>Acquires</b> a history and <b>performs</b> a <i>basic</i> physical exam that may be related to workplace(occupational) or environmental exposures.  <b>Understands</b> controls that can be used to reduce exposures in the workplace.  <b>Acquires</b> an accurate and relevant history, including occupational history, and performs <i>intermediate- level</i> physical examination that may be related to workplace or environmental exposures under direct supervision; begins formulation of the differential diagnosis, assessment, and plan. Begins to assess work- relatedness (e.g., repair of simple laceration, initial management of non- displaced distal</p>

<p><b>Unable to recommend</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Not able to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Unable to apply</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Unable to work with a team to <b>evaluate and identify</b> workplace or environmental causes of injury</p> <p><b>Unable to acquire</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Unable to formulate</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision.</p> <p><b>Not able to apply</b> evidence-based clinical practice guidelines in treatment and management.</p> <p><b>Unable to provide</b> efficiently (e.g., implementing an evidence-based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>	<p>extremity fracture, interpretation of surveillance pure-tone audiometry).</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness</p> <p><b>Recommends</b> controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>substantial supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures under <i>minimal direct supervision</i>.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for simple cases.</p> <p><b>Applies</b> evidence-based clinical practice guidelines in treatment and management (e.g., management of work- related asthma and interpretation of spirometry)</p> <p>Works with a team to <b>evaluate and identify</b> workplace or environmental causes of injury or illness and recommends controls or programs to reduce exposure, and to enhance the health and productivity of workers under <i>minimal supervision</i>.</p> <p><b>Acquires</b> an accurate, organized, and relevant history, including occupational history, and performs advanced-level physical examination that may be related to workplace or environmental exposures.</p> <p><b>Formulates</b> an appropriate differential diagnosis and assessment; provides appropriate treatment and plan, including fitness for duty and accommodations, for complex cases under indirect supervision. <b>Applies</b> evidence-based clinical practice guidelines in treatment and management. <b>Provides</b> efficiently (e.g., implementing an evidence- based treatment approach for a patient with work- related low back pain unresponsive to evidence- based treatments).</p>
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MK 6	<p><b>Unable to describe</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Not able to explain</b> the basics concepts in demography and family planning</p> <p><b>Not able to understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Lacks ability</b> to gather statistics from the national program and interpret the same. Does not undergo training in various national health programs in state health department. <b>Lacks ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>	<p><b>Describes</b> the various ongoing health programs in India for communicable and non-communicable disease.</p> <p><b>Explains</b> the basics concepts in demography and family planning</p> <p><b>Understand</b> the organisational pattern of health care delivery system in India including AYUSH</p> <p><b>Ability</b> to gather statistics from the national program and interpret the same. Undergoes training in various national health programs in state health department.</p> <p><b>Ability</b> to critically appraise the strategies of national health programs and suggest appropriate measures for improvement</p>
PC 2	<p><b>Unable to obtain</b> history and does basic physical examination. Not able to prescribe indicated medications. <b>Does not generate</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan.</p> <p><b>Not able to identify</b> diseases and conditions that require a public health response.</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision.</p> <p><b>Unable to participate</b> in an appropriate public health intervention for a disease or condition that requires a public health response</p> <p><b>Does not accurately</b> diagnoses and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Unable to initiate</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>	<p><b>Obtains</b> history and does basic physical examination.</p> <p>Prescribes indicated medications.</p> <p><b>Generates</b> a differential diagnosis for a disease or condition of public health significance and proposes a treatment plan. <b>Identifies</b> diseases and conditions that require a public health response. Accurately diagnoses and effectively treats common presentations of diseases/conditions of public health significance with direct supervision. Participates in an appropriate public health intervention for a disease or condition that requires a public health response <b>Accurately diagnoses</b> and effectively treats common presentations of diseases/conditions of public health significance.</p> <p><b>Initiates</b> an appropriate public health intervention for a disease or condition that requires a public health response</p>

ICS 1	<p><b>Does not understand</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Not able to perform assessment</b> of community communication needs.</p> <p><b>Does not understand</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Unable to develop</b> appropriate IEC Material and counselling skills</p> <p><b>Unable to engage</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Does not sustain</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Does not elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Does not accept responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Unable to devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>	<p><b>Understands</b> that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member.</p> <p><b>Assessment</b> of community communication needs.</p> <p><b>Understands</b> the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care.</p> <p><b>Develop</b> appropriate IEC Material and counselling skills</p> <p><b>Engages</b> the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs.</p> <p><b>Sustains</b> a relationship as a personal physician to his or her own patients.</p> <p><b>Elicit</b> appropriate response at individual and community level to prevent occupational hazards including IEC activities at different levels. Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients.</p> <p><b>Devise</b> appropriate health education messages for public health awareness using various health communications strategies.</p>
ICS 2	<p>Does not understand the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Does not demonstrate an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Does not demonstrate an understanding of transitions of care and team debriefing</p> <p>Does not works effectively in interprofessional and interdisciplinary health care teams and NGOs</p>	<p>Understands the importance of relationship development, information gathering and sharing, and teamwork</p> <p>Demonstrates an understanding of the roles of health care team members, and communicates effectively within the team</p> <p>Demonstrates an understanding of transitions of care and team debriefing</p> <p>Works effectively in interprofessional and interdisciplinary health care teams and NGOs</p> <p>Participates in effective transitions of care and team debriefing</p>

	<p>Unable to participate in effective transitions of care and team debriefing</p> <p>Does not communicate effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Unable to lead inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Unable to lead the team in complex situation</p> <p>Does not lead effective transitions of care and team debriefing</p> <p>Unable to respond to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>	<p>Communicates effectively with physicians, health care workers and Local NGOs regarding community health</p> <p>Leads inter-professional and interdisciplinary health care teams to achieve optimal outcomes.</p> <p>Lead the team in complex situation</p> <p>Leads effective transitions of care and team debriefing</p> <p>Responds to requests for consultation in a timely manner and communicates recommendations to the requesting team</p>
ICS 4	<p>Unable to recognize the importance of effective communication with patients, families, and public.</p> <p>Does not recognize the importance of effective communication with the health care team.</p> <p>Unable to recognize the importance of working with other members of the health care team.</p> <p>Does not demonstrate effective communication with patients, families, or public in common situations.</p> <p>Unable to demonstrate effective communication with the health care team in common situations.</p> <p>Does not work effectively with the health care team in common situations.</p> <p>Does not demonstrate effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Does not demonstrate effective communication with the health care team in clinical and population settings.</p> <p>Does not work effectively with the health care team in clinical and population settings</p>	<p>Recognizes the importance of effective communication with patients, families, and public.</p> <p>Recognizes the importance of effective communication with the health care team. Recognizes the importance of working with other members of the health care team.</p> <p>Demonstrates effective communication with patients, families, or public in common situations.</p> <p>Demonstrates effective communication with the health care team in common situations.</p> <p>Works effectively with the health care team in common situations.</p> <p>Demonstrates effective communication with patients or the public in issues related to confidential and/or highly sensitive medical information.</p> <p>Demonstrates effective communication with the health care team in clinical and population settings.</p> <p>Works effectively with the health care team in clinical and population settings</p> <p>Demonstrates effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p>

	<p>Does not demonstrate effective communication with patients and the public in issues related to confidential and/or highly sensitive medical information using multiple communication modalities.</p> <p>Unable to communicate effectively with the health care team in stressful situations/crises.</p> <p>Does not work effectively with the health care team in stressful situations/crisis</p>	<p>Able to communicate effectively with the health care team in stressful situations/crises. Works effectively with the health care team in stressful situations/crisis</p>
PBLI 1	<p><b>Does not describe</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues</p> <p><b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>	<p><b>Describes</b> the concept of Environmental Health and its various determinants.</p> <p><b>Identifies</b> major routes of human exposure to environmental toxicants.</p> <p><b>Identifies</b> common illnesses that may be caused or influenced by environmental exposures.</p> <p><b>Identifies</b> broad environmental factors / hazards that may impact the health of a community.</p> <p><b>Use and apply</b> various instruments and processes concerned with environmental health (Also use of Dosimeters, Kata / Globe Thermometer, Slings Psychrometer).</p> <p><b>Describes</b> individual factors that impact susceptibility to adverse health effects from environmental exposures.</p> <p><b>Identifies</b> potential population health effects from exposure to chemical, physical, and biological hazards.</p> <p><b>Plans</b> awareness programmes at various levels on environmental issues <b>Identifies</b> sources and routes of environmental exposures to chemical, physical, and biological hazards for defined populations.</p> <p><b>Recommends</b> methods of reducing adverse environmental health effects for individuals.</p>

PBLI 3	<p><b>Unable to describe</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Does not Understand</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Unable to identify</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Unable to identify</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Unable to identify</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Not able to select and describe</b> appropriate health status measures to assess a community's health.</p> <p><b>Unable to plan</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Not able to monitor and interpret</b> single health status indicator of the community.</p> <p><b>Unable to execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Not able to develop and implement or collaborate</b> with a health program for the community to identify and prevent diseases of public health importance.</p>	<p><b>Describes</b> the steps of community diagnosis / morbidity survey.</p> <p><b>Understands</b> the various epidemiological determinants for common diseases causing morbidity in a community.</p> <p><b>Identifies</b> common health issues in a community by conducting appropriate survey.</p> <p><b>Identifies</b> basic health status measures to assess/investigate a community's health.</p> <p><b>Identifies</b> various epidemiological determinants for common diseases causing morbidity in a community</p> <p><b>Selects and describes</b> appropriate health status measures to assess a community's health.</p> <p><b>Plans</b> for appropriate feasible health interventions in the community after the survey</p> <p><b>Monitors and interprets</b> single health status indicator of the community.</p> <p><b>Execute</b> the appropriate plan of feasible health interventions in the community after the survey.</p> <p><b>Develops and implement or collaborates</b> with a health program for the community to identify and prevent diseases of public health importance.</p>
PBLI 4	<p><b>Unable to explain</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Does not enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Does not describe</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Does not understand</b> that clusters or outbreaks occur</p> <p><b>Does not identify</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p>	<p><b>Explains</b> the epidemiology, prevention and control of communicable and non-communicable diseases including emerging and re-emerging diseases.</p> <p><b>Enumerate</b> the steps of outbreak investigation and response.</p> <p><b>Describes</b> the responsibilities of rapid response teams formed under IDSP.</p> <p><b>Understands</b> that clusters or outbreaks occur <b>Identifies</b> most common methods for preventing individual disease spread (e.g., hand hygiene)</p> <p><b>Understands</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno- compromised populations, and drug abuse).</p>



	<p><b>Does not understand</b> common environmental, health, and behavioural risk factors associated with clusters or outbreaks occurring (e.g., congregate settings, immuno-compromised populations, and drug abuse).</p> <p><b>Does not understand</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Does not identify</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Does not recognize</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Unable to establish</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Unable to understand</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Unable to implement</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Unable to characterize and interpret</b> data collected from a cluster or outbreak investigation.</p> <p><b>Does not apply</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Unable to develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>	<p><b>Understands</b> aspects of disease that predispose to outbreak development (e.g., high infectivity, subclinical phase).</p> <p><b>Identifies</b> most common methods for preventing disease spread in populations (e.g., quarantine, isolation)</p> <p><b>Recognizes</b> sentinel event; uses surveillance, hospital, vital statistics, or other data to establish the existence of a cluster or outbreak</p> <p><b>Establishes</b> a case definition, including clinical and laboratory findings; participates in collection of demographic, clinical, and/or risk factor information from cases</p> <p><b>Understands</b> approaches for mitigating and responding to a cluster or outbreak</p> <p><b>Implements</b> a plan to investigate and collects data to describe a cluster or outbreak.</p> <p><b>Characterizes and interprets</b> data collected from a cluster or outbreak investigation.</p> <p><b>Applies</b> a strategy or plan for management of an outbreak (e.g., limiting spread, mitigating effects).</p> <p><b>Develop</b> workable interventions for control and prevention of emerging and re-emerging diseases at local, national and global level.</p>
PBLI 6	<p><b>Unaware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Unaware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p>	<p><b>Aware</b> of the need to report selected diseases to public health authorities.</p> <p><b>Aware of the need</b> for surveillance systems in a variety of settings (e.g., public health agencies, hospitals, clinics, nursing homes)</p>

	<p><b>Does not identify commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Does not recognize difference</b> between active and passive surveillance</p> <p><b>Cannot thoroughly describe</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.). <b>Cannot develop a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Cannot analyse surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions.</p> <p><b>Cannot evaluate one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>	<p><b>Identifies commonly</b> used surveillance data sources (e.g., Integrated Disease Surveillance Project [IDSP], vital statistics, hospital discharge data) and the conditions typically monitored using such systems.</p> <p><b>Recognizes difference</b> between active and passive surveillance</p> <p><b>Thoroughly describes</b> the components of an existing surveillance system (e.g., aims, stakeholders, data sources, quality, uses, etc.).</p> <p><b>Develops a list of challenges</b> in designing and maintaining a surveillance system.</p> <p><b>Analyses surveillance data</b> to identify appropriate targets for individual, community, and/or systems interventions. <b>Evaluates one or more aspects</b> of the quality and effectiveness of a surveillance system (e.g., data completeness, ease of use, compliance).</p>
P 1	<p><b>Does not seek out, learn from, and model</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Unaware</b> of basic bioethical principles.</p> <p><b>Does not identify</b> ethical issues in clinical situations</p> <p><b>Does not exhibit</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Does not consistently <b>recognize</b> ethical issues in practice.</p> <p><b>Does not discuss, analyse, and manage</b> in common clinical situations.</p> <p><b>Does not exhibit</b> appropriate attitudes, values</p>	<p><b>Seeks out, learns from, and models</b> the attitudes and behaviours of physicians who exemplify appropriate professional attitudes, values, and behaviours, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups or community. <b>Aware</b> of basic bioethical principles.</p> <p><b>Identifies</b> ethical issues in clinical situations <b>Exhibits</b> appropriate attitudes, values and behaviours in straightforward situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups. Consistently <b>recognizes</b> ethical issues in practice.</p> <p><b>Discusses, analyses, and manages</b> in common clinical situations.</p> <p><b>Exhibits</b> appropriate attitudes, values and</p>

	<p>and behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyse</b> and manages ethical issues in difficult clinical situations Does not <b>balance</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Does not consistently and effectively analyse and <b>manage ethical issues</b> in both clinical and population-based medicine</p>	<p>behaviours in difficult situations, including caring, honesty, genuine interest in patients and families, and tolerance and acceptance of diverse individuals and groups</p> <p>Effectively <b>analyses</b> and manages ethical issues in difficult clinical situations</p> <p><b>Balances</b> ethical principles required for individual patient care with those needed for addressing population health.</p> <p>Consistently and effectively analyses and <b>manages ethical issues</b> in both clinical and population-based medicine.</p>
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**Table 3.Mapping of PO, EPA, Competency and Sub-competency with level**

S. No	EPA	Program outcomes										Domains and levels of competency	
		1	2	3	4	5	6	7	8	9	10		
1.	History taking and general physical examination					Y	Y					Y	MK1.4, MK4.4, MK5.4, PC 1.3, PC 2.4, ICS1.4, ICS 4.3,PBLI 1.3, PBLI 3.3, PBLI4.4, P 1.4
2.	Formulating a differential diagnosis based on history and examination					Y	Y					Y	MK1.4, MK4.4, MK5.4, PC 1.3, PC 2.4, ICS1.4, ICS 4.3,PBLI 1.3, PBLI 3.3, PBLI4.4, P 1.4
3.	Ordering and interpretation of common diagnostic tests					Y	Y				Y	Y	MK1.4, MK5.4, PC 2.4, SBP 2.4, PBLI 3.3, PBLI 7.3, P1.4
4.	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients					Y	Y					Y	MK1.4, MK4.4, MK5.4, PC 1.3, PC 2.4, ICS1.4, ICS 4.3,PBLI 1.3, PBLI 3.3, PBLI4.4, P 1.4
5.	Document clinical details in the patient record	Y				Y	Y		Y			Y	MK 1.4, MK 5.4, PC 1.4, PC2.4, ICS 2.4, ICS 4.4, PBLI4.4, P 1.4
6.	Clinical presentation of a case	Y				Y	Y		Y			Y	MK 1.4, MK 4.4, MK 5.4, PBLI 1.4, PBLI 3.4, ISC 1.4, ISC 2.4, ISC 4.4, P 1.4, PC1.4, PC 2.4
7.	Using evidence-based medicine to improve patient care	Y				Y	Y		Y			Y	MK 2.4, MK 3.4, MK 5.4, PBLI 3.4, PBLI 4.4, PBLI 6.4, SBP 2.4, ISC 3.4, ISC4.4, PBLI 8.4, P 1.4, PC 1.4,PC 2.4

S. No	EPA	Program outcomes										Domains and levels of competency		
		1	2	3	4	5	6	7	8	9	10			
8.	Give or receive a patient handover to transition care responsibility	Y				Y	Y	Y	Y				Y	MK 1.4, MK 5.4, PBLI 3.4, PBLI 6.4, ISC 1.4, ISC 4.4, PBLI 8.4, P 1.4, PC1.4, PC2.4
9.	Participating efficiently as a member of an inter-professional team	Y		Y			Y	Y	Y				Y	MK 1.4, MK 5.4, MK 6.4, PBLI 1.4, PBLI 3.4, PBLI 4.4, PBLI 6.4, ISC 1.4, ISC2.4, ISC 4.4, SBP 2, P 1.4,
10.	Diagnosing conditions requiring emergency care and providing primary care		Y	Y			Y	Y	Y					MK 6.4, PC 1.4, PC 2.4, ICS1.4, SBP 1.4, PBLI 3.4, PBLI 4.4, P 1.4
11.	Obtain informed consent for tests and/or procedures							Y	Y				Y	MK 1.4, MK 5.4, PC 2.4, ICS 1.4, PBLI 3.4, PBLI 4.4, P 1.4
12.	Performing general medical and surgical procedures								Y				Y	MK 1.4, MK 5.4, PC 1.4, PC2.4, ICS 1.4, PBLI 1.4, PBLI3.4, P 1.4
13.	Identifying system failures and taking appropriate corrective measures	Y	Y	Y				Y	Y		Y		Y	MK 6.4, PC 2.4, ICS 1.4, ICS 2.4, ICS 4.4, PBLI 3.4, PBLI 4.4, P 1.4
14.	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies	Y	Y	Y									Y	MK1.4, MK4.4, MK5.4, PC 1.3, C 2.4, ICS1.4, ICS 2.3, ICS 4.3, PBLI 1.3, PBLI 3.3, PBLI 5.4, P 1.4

S. No	EPA	Program outcomes										Domains and levels of competency			
		1	2	3	4	5	6	7	8	9	10				
15.	Assess needs of the community (including vulnerable groups) for organizing health services	Y					Y	Y							MK1.4, MK4.4, MK5.4, PC 1.3, PC 2.4, ICS1.4, ICS 2.3, ICS 4.3, SBP 1.4, SBP 2.4, PBLI 1.3, PBLI 3.3, PBLI 5.4, P 1.4
16.	Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present				Y							Y	Y		MK1.4, MK4.4, MK5.4, PBLI 1.3, PBLI 3.3, PBLI 5.4, P 1.4
17.	Descriptive Epidemiology: Characterize the health of a community (community diagnosis)	Y			Y				Y				Y		MK1.4, MK4.4, MK5.4, ICS 2.3, ICS 4.3, PBLI 1.3, PBLI 3.3, PBLI 5.4, P 1.4
18.	Investigate and respond to an outbreak or epidemic		Y						Y				Y		MK1.4, MK4.4, MK5.4, ICS1.4, ICS 2.3, ICS 4.3, SBP 1.4, PBLI 1.3, PBLI 3.3, PBLI 5.4, P 1.4
19.	Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project														MK1.4, MK4.4, ICS 4.3, P 1.4
20.	Conduct small groups and large group sessions for undergraduate medical students					Y							Y		MK2.4, ICS1.4, ICS 2.3, ICS 4.3, PBLI 3.3, PBLI 5.4, P1.4
21.	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.	Y										Y			MK1.4, MK4.4, ICS 4.3, P 1.4

S. No	EPA	Program outcomes										Domains and levels of competency			
		1	2	3	4	5	6	7	8	9	10				
22.	Develop linkage for emergency preparedness in hospital		Y	Y			Y	Y	Y				Y		MK 5.3, PC 2.3, ICS 2.3, ICS 4.3, PBLI 1.3, PBLI 5.3, P 1.3
23.	Identify, assess and suggest preventive and control measures for common occupational diseases	Y	Y	Y		Y		Y	Y				Y		MK 5.3, PC 2.3, ICS 1.3, ICS 2.3, ICS 4.3, PBLI 1.3, PBLI 5.3, P 1.3
24.	Observe various legislations and laws pertaining to health						Y						Y		MK 4.3, MK 6.3, ICS 2.3, ICS 4.3, PBLI 5.3, P 1.3
25.	Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities	Y	Y	Y				Y	Y				Y		MK 1.4, MK 3.4, 5.4, PC1.4, ICS 1.4, ICS 2.4, ICS3.4, ICS 4.4, PBLI 1.4, PBLI3.4, P 1.4
26.	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles				Y								Y		MK 2.3, MK 3.3, PBLI 2.3, PBLI 4.3, PBLI 8.3
27.	Participate in the various disease surveillance systems of the government and notification of diseases	Y	Y	Y								Y			MK 2.3, MK 3.3, PC 2.3, ICS 1.3, ICS 2.3, ICS 3.3, ICS 4.3, PBLI 3.3, PBLI 4, 3, PBLI 6.3, P 1.3
28.	Collection, processing and testing food and water samples										Y				MK 3.3, PC 2.3, ICS 2.3, PBLI 3.3, PBLI 7.3, P 1.3
29.	Review and comment on ongoing health programmes and schemes		Y	Y								Y	Y		MK 6.4, ICS 2.4, SBP 1.4, SBP 2.4, PBLI 1.4, PBLI 3.4, PBLI 5.4, PBLI 6.4, PBLI 8.4, P 1.4

30.	Develop linkages with the local health governance, local NGOs and grassroots agencies		Y	Y					Y		Y	MK 6.4, ICS 2.4, ICS 4.4 PBLI 6.4, P 1.4
31.	Use of ICT tools for classroom teaching & health education campaigns		Y	Y	Y		Y		Y			MK 6.4, ICS 1.4, ICS 2.4, ICS 3.4, ICS 4.4, PBLI 1.4, PBLI 5.4, P 1.4
32.	Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions	Y	Y	Y			Y	Y	Y		Y	MK 1.4, MK 6.4, PC 1.4, PC2.4, ICS 2.4, ICS 4.4, PBLI3.4, PBLI 6.4, PBLI 8.4, P 1.4
33.	Develop the plan for vector control strategies in case of epidemic/s		Y	Y			Y	Y				MK 6.3, ICS 2.3, ICS 3.3, SBP 2.3, PBLI 3.3, PBLI 4.3, PBLI 6.3, PBLI 8.3, P 1.3
34.	Implement biomedical waste management		Y	Y				Y		Y		MK 6.3, ICS 1.3, ICS 4.3, SBP 2.3, PBLI 1.3, P 1.3
35.	Develop network with public health expert and colleagues		Y					Y	Y		Y	MK 1.4, MK 5.4, MK 6.4, PC 2.4, ICS 1.4, ICS 2.4, ICS4.4, PBLI 1.4, PBLI 3.4, PBLI 4.4, PBLI 6.4, P 1.4

- The Internal Assessment should be conducted in theory and clinical examination every 3/6 months
- Quarterly assessment during the MD training should be based on following educational activities:

1. Journal based / recent advances learning
2. Patient based /Laboratory or Skill based learning
3. Self-directed learning and teaching
4. Departmental and interdepartmental learning activity
5. External and Outreach Activities / CMEs

The student to be assessed periodically as per categories listed in postgraduate student appraisal form (**Annexure-1**).



## **8.2 Summative Assessment:**

### **Eligibility for appearing in the final university exam**

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

### **Postgraduate Examination shall be in three parts:**

#### **1. Dissertation**

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

#### **2. Theory Examination:**

There should be four theory papers, as given below:

- **Paper I:** General epidemiology, biostatistics, demography, behavioural & environmental sciences
- **Paper II:** Epidemiology, prevention & control of communicable & non-communicable diseases
- **Paper III:** Health care & special groups, nutrition
- **Paper IV:** Healthcare administration and health management

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

### **3. Practical Examination:**

- **Practical/Clinical and oral examination:**

The practical examination should be conducted over two days, not more than 8 post graduate students per batch, per day and will have components of clinical, oral/viva voce Examination including dissertation, spotters and exercises as given below:

- **One long Family case from the community:**

Socio-economic, demographic, cultural and holistic history taking of the family to understand the various risk factors affecting health and quality of life, assessment of social support system, assessment of present morbidity and its implications, evolve interventions for medical relief and social empowerment and role of family, community and primary health care system in resolving family issues. This shall be conducted in the community setting. The duration of the long case will be 60 minutes.

- **Two short cases – pertaining to conditions of public health importance**

Students will elaborate on clinico-epidemiological case history to assess the epidemiological factors, precipitating factors, probable source of infection and evolve measures for diagnosis, treatment, management with reference to the case as well as major public health concerns, i.e. Control, prevention of the diagnosed condition and interventions. Short cases may be assessed without presentation of detailed history, beginning with Differential Diagnosis in the given time. The duration of each short case will be 20 minutes.

- **Problem-solving exercises**

Two exercises in epidemiology, two in biostatistics and one exercise in either water or nutritional analysis. The duration for each problem exercise will be 10 minutes.

- **Public Health Spotters**

Includes spotters under nutrition, environment, entomology, maternal and child health including contraception, immunization and other relevant topics. There will be 5 spotters with four questions under each.

- **Pedagogy**

Present a topic with a lesson plan addressing all vital elements of teaching and learning.

- **Viva-voce Examination**

Oral/ Viva-Voce Examination shall be comprehensive enough to test the post graduate student's overall knowledge of the subject.

**Distribution of Marks:**

Marks for evaluating a candidate shall be awarded as follows:

Theory (4 Papers)	400
Practical, Clinical and oral examination	300
<b>Grand Total</b>	<b>700</b>

**Split up:**

Theory	Distribution	Marks
Paper I	10 X 10	100
Paper II	10 X 10	100
Paper III	10 X 10	100
Paper IV	10 X 10	100
<b>Total</b>		<b>400</b>

Practical, Clinical and oral examination	Distribution	Marks
a) Long Family case	1 X 60	60
b) Short case	2 X 20	40
c) Epidemiological exercises	2 X 10	20
d) Biostatistical exercises	1 X 10 (Manually) 2 X 5 (Computer based)	20
e) Water analysis/ Nutrition exercise	1 X 10	10
f) Public health Spotters	5 X 4	20
g) Pedagogy	1 X 30	30
h) Viva voce		100
<b>Total</b>		<b>300</b>

**Pass criteria:** The summative examination towards awarding the MD degree in Community Medicine shall be held at the end of 3rd academic year. There shall be four examiners, two external examiners and two internal examiners to evaluate the candidates. There will be four separate evaluations for each theory paper. The examinations shall be organised on the basis of 'Marking system' to evaluate and to certify the post graduate student's level of knowledge, skill and competency at the end of the training.

Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. Student must secure minimum of 40% in each paper and in aggregate 50% overall as far as theory is concerned

## 9. Blue print for Weight of the System

**Paper I: General epidemiology, biostatistics, demography, behavioural & environmental sciences**

Sl.No	Topics	Weightage	Marks Allotted	No. of Question
1	Concepts in health and disease including history of medicine	20%	20	2
2	General Epidemiology	30%	30	3
3	Social and behavioural sciences, Health Education	10%	10	1
4	Population sciences & Demography	10%	10	1
5	Biostatistics & Research methodology	20%	20	2
6	Environmental Health	10%	10	1

**Paper II: Epidemiology, prevention & control of communicable & non- communicable diseases.**

Sl.No	Topics	Weightage	Marks Allotted	No. of Question
1	Epidemiology, Prevention and control of Communicable diseases including programmes	40%	40	4
2	Epidemiology, Prevention and control of Non- communicable diseases including programmes	40%	40	4
3	Environmental control measures (Bio-medical waste, prevention of disease, vector control etc.)	20%	20	2

**Paper III: Health care & special groups, nutrition**

Sl.No	Topics	Weightage	Marks Allotted	No. of Question
1	Healthcare of special groups Maternal health: 10/20 Child health: 10/20 Geriatrics: 10 Adolescence: 10 School health & Other special groups (tribal, urban, slum, marginalised): 10 Occupational health: 10	70%	70	7

2	Nutrition	20%	20	2
3	Mental health/ Genetics	10%	10	1

**Paper IV: Healthcare administration and health management**

Sl.No	Topics	Weightage	Marks Allotted	No.of Question
1	Health planning and management	10%	10	1
2	Health economics	10%	10	1
3	Primary health care	20%	20	2
4	International health	10%	10	1
5	Medical teaching and training	10%	10	1
6	Evaluation and monitoring of programmes	20%	20	2
7	Recent advances- vaccines, disease control strategies, education, ethics, diagnostics, etc	20%	20	2

## 10. Model Question Papers

### Set of Instructions for Question Paper Setter

- Evaluation of theoretical knowledge would be by four written paper of 3 hours duration each.
- Each paper consists of 10 essay type questions of 10 marks each.
- Atleast one of the questions should be of problem solving type, in each paper.
- Each examiner would value all the papers of all candidates.
- A particular question may cover more than one topic or level of knowledge simultaneously.
- National Health Program and Recent Advances will be integrated into all four Papers instead of being part of Paper IV.
- Question paper should be based on the weightage to the topics as mentioned in the blueprint.

**Department of Community Medicine**  
**Paper I: General Epidemiology, Biostatistics, Demography, Behavioural &**

**Environmental sciences Date:      Time: 3 Hours**

**Max. marks: 100**

**Instructions to the candidate**

- *Each question carries 10 marks. Answer all the questions.*
- *Read the question carefully and answer with illustrations and appropriate examples*
- *Draw table/diagrams/flowcharts wherever applicable.*

1. Define demographic dividend. Discuss how it can be utilised to develop the health system in India.(2+8)
  2. List the statistical tests of significance. Explain the selection of appropriate tests of statistical significance using suitable illustration. (2+8)
  3. Define the term social sciences and behavioural science. Describe in detail the role of social and cultural factors in health and disease in the context of urban and rural societies.(2+8)
  4. Describe in detail about the various methods of water purification at household and community level.(10)
  5. What is sampling? Enumerate the techniques. Explain lot quality assurance system in detail. (2+8)
  6. Describe various approaches and principles of health education and discuss limitations in its practices. (5+5)
  7. Describe in brief about the major milestones achieved in public health practice in India.(10)
  8. Define climate change. Describe the strategy to combat with climate change in India. (2+8)
  9. Define case and control cases. Describe the case-control study design with suitable example. (2+8)
  10. Write about the differences between monitoring and surveillance giving suitable examples. Discuss the national disease surveillance programme.(5+5)
- .....



**Department of Community Medicine**  
**Paper II: Epidemiology prevention and control of communicable and non-communicable diseases**

**Date:**

**Time: 3 Hours**

**Max. marks: 100**

**Instructions to the candidate**

- *Each question carries 10 marks. Answer all the questions.*
  - *Read the question carefully and answer with illustrations and appropriate examples*
  - *Draw table/diagrams/flowcharts wherever applicable.*
1. Discuss the social factors involved in the spread of Sexually Transmitted Diseases. Describe the preventive and control measures for these diseases.(5+5)
  2. Discuss the package services of National AIDS Control Programme-IV with SWOC Analysis.(5+5)
  3. Critically discuss the epidemiological basis for measles elimination. Write a note on the current strategy for measles elimination in India. (5+5)
  4. List the risk factors of various cancers among different age groups in India. Describe the role of preventive oncology in reduction of cancer burden in India. (5+5)
  5. Briefly describe the factors responsible for emerging & re-emergence of infectious diseases. (10)
  6. Define pandemic. Describe the epidemiology of COVID-19 and comment on what went wrong in initial management of the disease.(2+8)
  7. Define biomedical waste management. Describe the recent BMW management rule. (2+8)
  8. Describe in detail the epidemiology, prevention and control of cardiovascular diseases in India. (3+7)
  9. Two outbreaks of a dengue fever have occurred in the area covered by Kirumampakkam PHC in the last few years. As a district health officer, describe your plan of action to prevent recurrence of dengue fever outbreak next year. (5+5)
  10. In view of excess alcohol sales and more vehicles in Puducherry, a road traffic accident is a public health problem. As director of health, what will be your approach to address the issue?(10)

## Department of Community Medicine

### Paper III: Health care of special groups and nutrition

Date:

Time: 3 Hours

Max. marks: 100

#### Instructions to the candidate

- *Each question carries 10 marks. Answer all the questions.*
  - *Read the question carefully and answer with illustrations and appropriate examples*
  - *Draw table/diagrams/flowcharts wherever applicable.*
1. Enumerate the causes of Maternal Mortality in India. Discuss the delays that are causing maternal mortality. Explain the strategies under NHM to address high maternal mortality rate in India. (2+3+5)
  2. Comment on the recent trend in child health care in India. Suggest measures to improve the existing IMR of the country.(5+5)
  3. Discuss the goals and strategies of reducing neonatal mortality and morbidity under India New born action plan. (2+8)
  4. Enumerate the common health problems of school children. Write about the objectives, organization and implementation of school health program in India.(5+5)
  5. Enumerate adolescent health issues in India. Provide the outline of adolescent clinics to setup under your department.(4+6)
  6. Discuss the strength, weakness, opportunity and challenges analysis of national program for health care of elderly in Tamil Nadu state.(10)
  7. Define and enumerate occupational cancers. How will you plan a health program for workers in paint manufacturing firm to tackle the risk of occupational cancers? (2+2+6)
  8. Depression is going to be major public health problem in 2020.Critically analyse the statement and discuss the measures to cope with evolving problem of depression as major psychiatric disorder. (5+5)
  9. Discuss the problem, prevention and management of nutritional anaemia in our country. (2+5+3)
  10. Discuss about social aspect of nutrition. Mention preventive and social measures at various levels to combat problem of malnutrition. (5+5).
-

## Department of Community Medicine

### Paper IV: Health care administration, health management & recent advances

Date:

Time: 3 Hours

Max. marks: 100

#### Instructions to the candidate

- *Each question carries 10 marks. Answer all the questions.*
  - *Read the question carefully and answer with illustrations and appropriate examples*
  - *Draw table/diagrams/flowcharts wherever applicable.*
1. Classify and enumerate the various management techniques. Explain in detail any one modern management techniques with a suitable example. (5+5)
  2. Define health economics. Describe the roles of a health economist? Explain the economic implications of health due to various communicable and non-communicable disease or events. (2+3+5)
  3. Critically review the primary health care system in India. As deputy director of public health of a district, how will you strengthen primary health care in your district? (5+5)
  4. Describe the process of prioritization in health care. How can it change the primary health care in India?(5+5)
  5. Describe the global context, Indian approach and challenges faced with respect to health related sustainable developmental goals? Give an overview of SDG India index 2019. (8+2)
  6. Describe the different ways to engage the students for small group teaching learning methods. (10)
  7. Enumerate the monitoring and evaluation techniques involved in various national health programmes and describe in detail about any one. (3+7)
  8. Briefly describe the implementation of newer strategies and guidelines in NTEP program and do a SWOC analysis on those implemented strategies and guidelines. (5+5)
  9. Discuss the role of health information management system and GIS in disease surveillance and monitoring. (5+5)
  10. Discuss the various public private partnership policies / programmes in health care delivery in India. (10)
-

## 11. Recommended reading:

### A. Books

(Latest editions of the following books are recommended)

1	Maxcy-Rosenau-Last Public Health and Preventive Medicine - B. Wallace, Editor. The McGraw-hill companies.
2	Barker DJP, Practical Epidemiology - Churchill Livingstone
3	Park K, Text book of Preventive and Social Medicine - M/S. Banarsidas Bhanot, Jabalpur
4	Rajvir Bhalwar. Textbook of Public Health and Community Medicine - published by Wolter Kluwer
5	Rajkumar Patil. Community Medicine Practical Manual - Elsevier Publication
6	Mahajan BK and Gupta MC, Text book of P& SM - Jaypee Publications
7	George Pickett, John J. Hanlon. Public Health Administration and Practice - William C Brown Pub
8	Robert S Goodheart, Maulice E. Shills, Modern Nutrition in Health, K.M. Varghese
9	Mawner & Karamar, Epid: An introductory Text, 1985 W.B. Saunders Co. Hunter's Diseases of Occupations. Edited by: Peter J Baxter, Tar-Ching Aw, Anne Cockcroft, Paul Durrington, J Malcolm Harrington
10	J Kishore. A Dictionary of Public Health - Century Publications, New Delhi
11	J Kishore. National Health Programs of India: National Policies and Legislation related to health - Century Publications, New Delhi
12	Joseph Herbert Abramson, Z. H. Abramson - Survey Methods in Community Medicine
13	Text Book of Public Health and Community Medicine - Published by the Dept of Community Medicine, AFMC Pune in collaboration with WHO India
14	Medical Sociology: W. Peters & H.M. Gilles
15	Oxford Textbook of Public Health, USA - Oxford University Press
16	Lutz. Nutrition and Diet Therapy Evidence Based Application - F.A. Davis Company
17	Leon Gordis. Text book of epidemiology - Elsevier
18	Marcello & Kimberlee. Principles of Biostatistics - Cengage Learning
19	Modern Epidemiology: Kenneth J Rothman Third, Mid-cycle revision edition - Lippincott Williams & Wilkins
20	Epidemiology and Management of Health Care - P.V. Sathe
21	Medical Ethics Today: The BMA's Handbook of Ethics and Law. Available from: <a href="http://bma.org.uk/practical-support-at-work/ethics/medical-ethics-today">http://bma.org.uk/practical-support-at-work/ethics/medical-ethics-today</a>
22	Ethical guidelines for biomedical research on human participants by ICMR. Available from: <a href="http://icmr.nic.in/ethical_guidelines.pdf">http://icmr.nic.in/ethical_guidelines.pdf</a>

## **B: Journals**

Minimum 03-05 international Journals and 02 national (all indexed) journals

### **Indian Journals:**

1. Indian Journal of Community Medicine.
2. Indian Journal of Public Health.
3. Indian Journal of Community Health.
4. Journal of Communicable Diseases.
5. Indian Journal of Maternal & Child Health.
6. Indian Journal of Preventive & Social Medicine.
7. Indian Journal of Occupational Health & Industrial Medicine.
8. Indian Journal of Medical Research.
9. Indian Journal of Environmental Health.
10. Indian Journal of Medical Education.
11. Journal of Indian Medical Association.

### **International Journals:**

1. WHO Publications-All
2. Journal of Epidemiology & Community Health
3. Tropical Diseases Bulletin.
4. American Journal of Public Health.
5. Lancet.
6. BMJ Public Health
7. BMC Public Health

## **12. Annexure**

### **Annexure-1: Entrustable Professional Activities Assessment Department of Community Medicine Entrustable Professional Activities Assessment Form for MD Community Medicine Postgraduates**

**Name of the Resident:**

**UIN No:**

**Levels of competence:**

- **Level I:** Knowledge only; can observe
- **Level II:** Can do under strict supervision
- **Level III:** Can do under loose supervision
- **Level IV:** Can do independently
- **Level V:** Has expertise to teach others

**First year of Residency  
First six months**

No.	Entrustable Professional Activity	Day 1 of Residency		After 1 month		First quarter		Second quarter	
		Resident	Resident	Resident	Resident	Resident	Resident	Resident	Resident
1.	History taking and general physical examination								
2.	Formulating a differential diagnosis based on history and examination								
3.	Ordering and interpretation of common diagnostic tests								
4.	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients								
5.	Document clinical details in the patient record								
6.	Clinical presentation of a case								
7.	Using evidence-based medicine to improve patient care								
8.	Give or receive a patient handover to transition care responsibility								
9.	Participating efficiently as a member of an inter-professional team								
10.	Diagnosing conditions requiring emergency care and providing primary care								
11.	Obtain informed consent for tests and/or procedures								
12.	Performing general medical and surgical procedures								
13.	Identifying system failures and taking appropriate corrective measures								

No.	Entrustable Professional Activity	Day 1 of Residency	After 1 month	First quarter		Second quarter	
		Resident	Resident	Resident	Faculty	Resident	Faculty
14.	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies						
15.	Assess needs of the community (including vulnerable groups) for organizing health services						
16.	Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present						
17.	Descriptive Epidemiology: Characterize the health of a community (community diagnosis)						
18.	Investigate and respond to an outbreak or epidemic						
19.	Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project						
20.	Conduct small groups and large group sessions for undergraduate medical students						
21.	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.						
22.	Develop linkage for emergency preparedness in hospital						
23.	Identify, assess and suggest preventive and control measures for common occupational diseases						
24.	Observe various legislations and laws pertaining to health						



No.	Entrustable Professional Activity	Day 1 of Residency		After 1 month		First quarter		Second quarter	
		Resident	Resident	Resident	Resident	Resident	Resident	Resident	Resident
25.	Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities								
26.	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles								
27.	Participate in the various disease surveillance systems of the government and notification of diseases								
28.	Collection, processing and testing food and water samples								
29.	Review and comment on ongoing health programmes and schemes								
30.	Develop linkages with the local health governance, local NGOs and grassroots agencies								
31.	Use of ICT tools for classroom teaching & health education campaigns								
32.	Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions								
33.	Develop the plan for vector control strategies in case of epidemic/s								
34.	Implement biomedical waste management								
35.	Develop network with public health expert and colleagues								
	<b>Signature of Resident</b>								
	<b>Signature of Faculty</b>								
	<b>Signature of HOD</b>								

**Second six months**

No.	Entrustable Professional Activity	Third quarter		Fourth quarter	
		Resident	Faculty	Resident	Faculty
1.	History taking and general physical examination				
2.	Formulating a differential diagnosis based on history and examination				
3.	Ordering and interpretation of common diagnostic tests				
4.	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients				
5.	Document clinical details in the patient record				
6.	Clinical presentation of a case				
7.	Using evidence-based medicine to improve patient care				
8.	Give or receive a patient handover to transition care responsibility				
9.	Participating efficiently as a member of an inter-professional team				
10.	Diagnosing conditions requiring emergency care and providing primary care				
11.	Obtain informed consent for tests and/or procedures				
12.	Performing general medical and surgical procedures				
13.	Identifying system failures and taking appropriate corrective measures				
14.	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies				
15.	Assess needs of the community (including vulnerable groups) for organizing health services				

No.	Entrustable Professional Activity	Third quarter		Fourth quarter	
		Resident	Faculty	Resident	Faculty
16.	Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present				
17.	Descriptive Epidemiology: Characterize the health of a community (community diagnosis)				
18.	Investigate and respond to an outbreak or epidemic				
19.	Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project				
20.	Conduct small groups and large group sessions for undergraduate medical students				
21.	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.				
22.	Develop linkage for emergency preparedness in hospital				
23.	Identify, assess and suggest preventive and control measures for common occupational diseases				
24.	Observe various legislations and laws pertaining to health				
25.	Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities				
26.	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles				
27.	Participate in the various disease surveillance systems of the government and notification of diseases				
28.	Collection, processing and testing food and water samples				

No.	Entrustable Professional Activity	Third quarter		Fourth quarter	
		Resident	Faculty	Resident	Faculty
29.	Review and comment on ongoing health programmes and schemes				
30.	Develop linkages with the local health governance, local NGOs and grassroots agencies				
31.	Use of ICT tools for classroom teaching & health education campaigns				
32.	Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions				
33.	Develop the plan for vector control strategies in case of epidemic/s				
34.	Implement biomedical waste management				
35.	Develop network with public health expert and colleagues				
	<b>Signature of Resident</b>				
	<b>Signature of Faculty</b>				
	<b>Signature of HOD</b>				

## Second year of residency

No.	Entrustable Professional Activity	Third half year		Fourth half year	
		Resident	Faculty	Resident	Faculty
1.	History taking and general physical examination				
2.	Formulating a differential diagnosis based on history and examination				
3.	Ordering and interpretation of common diagnostic tests				
4.	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients				
5.	Document clinical details in the patient record				
6.	Clinical presentation of a case				
7.	Using evidence-based medicine to improve patient care				
8.	Give or receive a patient handover to transition care responsibility				
9.	Participating efficiently as a member of an inter-professional team				
10.	Diagnosing conditions requiring emergency care and providing primary care				
11.	Obtain informed consent for tests and/or procedures				
12.	Performing general medical and surgical procedures				
13.	Identifying system failures and taking appropriate corrective measures				
14.	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies				
15.	Assess needs of the community (including vulnerable groups) for organizing health services				

No.	Entrustable Professional Activity	Third half year		Fourth half year	
		Resident	Faculty	Resident	Faculty
16.	Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present				
17.	Descriptive Epidemiology: Characterize the health of a community (community diagnosis)				
18.	Investigate and respond to an outbreak or epidemic				
19.	Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project				
20.	Conduct small groups and large group sessions for undergraduate medical students				
21.	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.				
22.	Develop linkage for emergency preparedness in hospital				
23.	Identify, assess and suggest preventive and control measures for common occupational diseases				
24.	Observe various legislations and laws pertaining to health				
25.	Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities				
26.	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles				
27.	Participate in the various disease surveillance systems of the government and notification of diseases				
28.	Collection, processing and testing food and water samples				
29.	Review and comment on ongoing health programmes and schemes				

No.	Entrustable Professional Activity	Third half year		Fourth half year	
		Resident	Faculty	Resident	Faculty
30.	Develop linkages with the local health governance, local NGOs and grassroots agencies				
31.	Use of ICT tools for classroom teaching & health education campaigns				
32.	Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions				
33.	Develop the plan for vector control strategies in case of epidemic/s				
34.	Implement biomedical waste management				
35.	Develop network with public health expert and colleagues				
	<b>Signature of Resident</b>				
	<b>Signature of Faculty</b>				
	<b>Signature of HOD</b>				

### Third year of residency

No.	Entrustable Professional Activity	Fifth half year		Sixth half year	
		Resident	Faculty	Resident	Faculty
1.	History taking and general physical examination				
2.	Formulating a differential diagnosis based on history and examination				
3.	Ordering and interpretation of common diagnostic tests				
4.	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients				
5.	Document clinical details in the patient record				
6.	Clinical presentation of a case				
7.	Using evidence-based medicine to improve patient care				
8.	Give or receive a patient handover to transition care responsibility				
9.	Participating efficiently as a member of an inter-professional team				
10.	Diagnosing conditions requiring emergency care and providing primary care				
11.	Obtain informed consent for tests and/or procedures				
12.	Performing general medical and surgical procedures				
13.	Identifying system failures and taking appropriate corrective measures				
14.	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies				
15.	Assess needs of the community (including vulnerable groups) for organizing health services				



No.	Entrustable Professional Activity	Fifth half year		Sixth half year	
		Resident	Faculty	Resident	Faculty
16.	Plan and organize epidemiological studies, collect, analyse data (Choose and perform appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present				
17.	Descriptive Epidemiology: Characterize the health of a community (community diagnosis)				
18.	Investigate and respond to an outbreak or epidemic				
19.	Use of basic concepts of health economics to develop, analyse and interpret budget for research study/health project				
20.	Conduct small groups and large group sessions for undergraduate medical students				
21.	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.				
22.	Develop linkage for emergency preparedness in hospital				
23.	Identify, assess and suggest preventive and control measures for common occupational diseases				
24.	Observe various legislations and laws pertaining to health				
25.	Organize and work in team for community health services including camps, use of ICT for health education, training of health workers in public health activities				
26.	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical appraisal of journal articles				
27.	Participate in the various disease surveillance systems of the government and notification of diseases				
28.	Collection, processing and testing food and water samples				
29.	Review and comment on ongoing health programmes and schemes				

No.	Entrustable Professional Activity	Fifth half year		Sixth half year	
		Resident	Faculty	Resident	Faculty
30.	Develop linkages with the local health governance, local NGOs and grassroots agencies				
31.	Use of ICT tools for classroom teaching & health education campaigns				
32.	Nutritional status assessment of families, communities and develop the plan to implement nutritional interventions				
33.	Develop the plan for vector control strategies in case of epidemic/s				
34.	Implement biomedical waste management				
35.	Develop network with public health expert and colleagues				
	<b>Signature of Resident</b>				
	<b>Signature of Faculty</b>				
	<b>Signature of HOD</b>				

## Annexure-2: Expected Minimum levels of EPA and Feedback Mechanisms

S.No.	EPA	Competency Domains						Level of competency			MSF	
		MK	PC	PBLI	SBP	P	ISC	Day 1 of residency	End of I year	End of II year		End of III year
1	History taking and general physical examination	*	*	*	*	*	*	II	III	IV	IV	S, P, PG, I
2	Formulating a differential diagnosis based on history and examination	*		*			*	I	II	III	IV	S, PG, I
3	Ordering and interpretation of common diagnostic tests	*	*	*	*	*		II	III	IV	IV	S, I
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	*	*	*	*	*	*	I	II	III	IV	S, P, PG, I
5	Document clinical details in the patient record		*		*	*		I	II	III	IV	S, PG, I
6	Clinical presentation of a case	*		*	*		*	II	III	IV	IV	S, PG, H
7	Using evidence-based medicine to improve patient care	*		*				I	II	III	IV	S, I
8	Give or receive a patient handover to transition care responsibility	*	*		*		*	I	II	III	IV	S, PG, H, I
9	Participating efficiently as a member of an inter-professional team	*					*	I	II	III	IV	S, PG, H, I
10	Diagnosing conditions requiring emergency care and providing primary care	*	*	*	*	*	*	I	II	III	IV	S, PG, H, P, I
11	Obtain informed consent for tests and/or procedures	*	*	*		*	*	II	III	IV	IV	S, P, PG
12	Performing general medical and surgical procedures	*	*	*	*	*	*	I	II	III	IV	S, PG, I
13	Identifying system failures and taking appropriate corrective measures	*	*	*		*	*	I	II	III	IV	S, PG, I

S.No	EPA	Competency Domains							Level of competency				MSF
		MK	PC	PBLI	SBP	P	ISC	Day 1 of residency	End of I year	End of II year	End of III year		
14	Clinical management of diseases of public health importance within the broader context of environmental, family, society as per national policies	*	*	*	*	*	*	I	II	III	IV	S, P, PG, H, I	
15	Assess needs of the community (including vulnerable groups) for organizing health services	*	*	*	*	*	*	I	II	III	IV	S, PG, H, I	
16	Plan and organize epidemiological studies, Collect, Analyze data, choose appropriate statistical test for given situation by using statistical packages (online and offline) efficiently and present	*	*	*	*	*	*	I	II	III	IV	S, PG, I	
17	Descriptive Epidemiology: Characterize the health of a community	*	*	*	*	*	*	I	II	III	IV	S, PG, I	
18	Investigate and respond to an outbreak or epidemic	*	*	*	*	*	*	I	II	II	III	S, PG, C, H, I	
19	Use of basic concepts of health economics to develop, analyze and interpret the budget of a research study/ health project.	*	*	*	*	*	*	I	II	II	III	S, PG, I	
20	Conduct small groups and large group sessions for undergraduate medical students	*	*	*	*	*	*	I	II	III	IV	S, PG, I, UG	
21	Conduct a Family Health Appraisal, identify & prioritize issues, develop an action plan & follow up.	*	*	*	*	*	*	I	II	III	IV	S, PG, C, H, I	
22	Develop linkage for emergency preparedness in hospital	*	*	*	*	*	*	I	I	II	III	S, PG, H, C, I	

S.No	EPA	Competency Domains							Level of competency				MSF
		MK	PC	PBLI	SBP	P	ISC	Day 1 of residency	End of I year	End of II year	End of III year		
23	Identify, assess and suggest preventive and control measures for common occupational diseases	*	*	*	*	*	*	I	II	II	III	S, PG, I	
24	Observe various legislations and laws pertaining to health	*		*	*	*		I	I	II	III	S, PG, H, I	
25	Organize and work in team for community health services including camps, use of ICT for health education, Training health workers in public health activities	*		*	*	*		I	II	III	IV	S, PG, C, H, I	
26	Locate, appraise, and assimilate evidence from scientific studies related to health problems and critical Appraisal of journal articles	*		*	*	*		I	II	II	III	S, PG, I	
27	Participate in the various disease surveillance systems	*		*	*	*		I	II	II	III	S, PG, I	
28	Collection, processing and testing food and water samples	*		*	*	*		I	II	II	III	S, H, I	
29	Review and comment on ongoing health programmes and schemes	*		*	*	*		I	II	III	IV	S, I	
30	Develop linkages with the local health governance, local NGOs and grassroots agencies	*		*	*	*		I	II	III	IV	S, H, I	
31	Use of ICT tools for classroom teaching and health education campaigns	*		*	*	*		I	II	III	IV	S, UG, PG, I	
32	Nutritional status assessment of families communities and develop the plan to implement nutritional interventions	*	*	*	*	*		I	II	III	IV	S, PG, I	
33	Develop the plan for vector control strategies in case of epidemic/s	*		*	*	*		I	II	II	III	S, I	

S.No	EPA	Competency Domains						Level of competency				MSF
		MK	PC	PBLI	SBP	P	ISC	Day 1 of residency	End of I year	End of II year	End of III year	
34	Implement biomedical waste management	*		*	*	*	*	I	II	II	III	S, I
35	Develop network with public health expert and colleagues	*	*	*		*	*	I	II	III	IV	S, PG, UG, H, C, I

**Competency Domains:**

*MK: Medical Knowledge*  
*SBP: System Based Practice*

*PC: Patient Care*  
*P: Professionalism*

*PBLI: Practice-Based Learning and Improvement*  
*ISC: Interpersonal & Communication Skills*

**Levels of competence:**

*Level I:* Knowledge only; can observe

*Level II:* Can do under strict supervision

*Level III:* Can do under loose supervision

*Level IV:* Can do independently

*Level V:* Has expertise to teach others

**Multisource feedback (MSF):**

*Supervisor: S*

*Peers: PG*

*Self: I*

*Patients/Relatives: P*

*Community: C*

*Undergraduate students: UG*

*Other health professionals: H*

### Annexure 3: Postgraduate Students Appraisal Form

Sri Balaji Vidyapeeth  
Department of Community Medicine  
Postgraduate Students Appraisal Form

UIN No:

Name of the PG Student:

Period of Training FROM.....TO.....

Sr. No.	Particulars	Score (1-10)	Remarks
1.	Journal based / recent advances learning		
2.	Patient based /Laboratory or Skill based learning		
3.	Self directed learning and teaching		
4.	Departmental and interdepartmental learning activity		
5.	External and Outreach Activities / CMEs		
6.	Dissertation / Research work		
7.	E-portfolio Maintenance		

Publications Yes/ No

Remarks\* \_\_\_\_\_

Not Satisfactory: 1-3, Satisfactory: 4-6, More than Satisfactory: 7-9

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

SIGNATURE OF ASSESSEE:

SIGNATURE OF HOD :



## Annexure 4: Postgraduate Case Presentation / Discussion Assessment

Name of the presenting PG: \_\_\_\_\_ Date: \_\_\_\_\_

Case Presented: \_\_\_\_\_

Please rate the following criterion as applicable on a scale of 1-10

S. No	Criterion	Marks Obtained (Each out of 10 Marks)
1.	Completeness of Family history – Demography, family composition, Environmental, Nutritional, SES, socio-cultural history, etc	
2.	Completeness of index case history – All headings covered / Under each heading whether all relevant points elicited	
3.	Accuracy of General physical examination / Whether all physical signs elicited correctly	
4.	Systemic examination / Local examination	
5.	Case summary / Diagnosis: Mentioned all positive and negative points of importance / Whether it follows logically from history to findings	
6.	Investigations required – Complete list / Relevant order / Interpretation of investigations	
7.	Management – Individual, Family & Community : Able to relate with existing National Health Programme	
8.	Presentation ability/ Clarity of presentation	
9.	Ability to react to questioning	
10.	Overall Impression	
	Total	/100

**Please Note:** a. Criterion based marking is left to the assessor's preference and judgment of the session

b. Each criterion is for maximum **10 marks**

COMMENTS /SUGGESTIONS:-----

Name of assessor \_\_\_\_\_

**Sign:**

### **Annexure 5: Post-graduate student observation checklist to assess microteaching - Pedagogy**

**Directions:** Please check (✓) the statement which most closely corresponds to your observation

**Name of PG:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Skill	PG/ Teacher's action	Yes	To some extent	No
Pre-planning	Prepares suitable lesson plan			
	Checks the venue/ equipment arrangements			
Set induction	Aroused interest in the beginning by relating to previous learning, throw a new idea, questioning, displaying picture, others			
	Specified the learning objectives of presentation			
Planning	Organized material in a logical sequence			
	Used relevant content matter			
Presentation	Changed the pace of presentation by shifting emphasis, joke, etc			
	Used specific example/s to illustrate main ideas			
	Used non-verbal cues, eye contact, etc			
Time management	Allots appropriate time for covering each sub section			
	Manages time as mentioned in the lesson plan			
	Adjusts the pace of presentation as per time needs			
Pupil participation	Allowed questions from students			
	Asked questions			
	Solicited/ Raised questions			
	Rewarded pupil effort			
Difficult audience	Was able to handle or answer sufficiently on how to handle difficult audience			
Use of AV aids	Used proper AV aids			
	Used the aid(s) effectively			
	Back- up plan in case of failure of original plans			
Closure	Summarized most important points at the end of the session			
Lesson on the whole was effective/ ineffective				
Any other comment/ suggestions				

### Annexure 6: Postgraduate Seminar Assessment

Name of the presenting PG: \_\_\_\_\_

Date: \_\_\_\_\_

Seminar topic:

Please rate the following criterion as applicable.

S. NO	CRITERION	MARKS OBTAINED (Each out of 10 marks)
11.	Clear Learning Objectives	
12.	Organization of the Session	
13.	Whether relevant publications were consulted	
14.	Evidence of good preparation for the session, discussion with moderator.	
15.	Presentation ability	
16.	Content Depth	
17.	Ability to answer question	
18.	Effective use of AV aids	
19.	Time Scheduling	
20.	Overall impression	
	Total	/100

**Please Note:** a. Criterion based marking is left to the assessor's preference and judgment of the session

b. Each criterion is for maximum **10 marks**

**COMMENTS /SUGGESTIONS:**-----  
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Name of assessor \_\_\_\_\_

**Sign:**

## Annexure 7: Postgraduate Journal Club (JC) Activity Assessment

Name of presenting PG: \_\_\_\_\_

Date: \_\_\_\_\_

JC title:

**Please rate the following criterion as applicable on a scale of 1-10**

S. No.	CRITERION	MARKS OBTAINED (Each out of 10 marks)
1.	Choice of the article explained by the presenter	
2.	Extent of understanding of the scope & Objective of the article by the presenter	
3.	Whether relevant publication on the topic were consulted (e.g.: WHO Reports, National Program Guidelines), discussion with moderator.	
4.	Whether the cross references have been consulted	
5.	Presentation ability	
6.	Ability to answer question	
7.	Effective use of AV aids	
8.	Ability to critique the paper	
9.	Thorough understanding and ability to answer the methodology and analysis used in the study	
10.	Overall impression	
<b>11.</b>	<b>Total</b>	<b>/100</b>

**Please Note:** a. Criterion based marking is left to the assessor's preference and judgment of the session b. Each criterion has 10 marks weight age

**COMMENTS /SUGGESTIONS:**

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Name of assessor \_\_\_\_\_

**Sign:**