SRI BALAJI VIDYAPEETH

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

Pillaiyarkuppam, Puducherry - 607 402

Mahatma Gandhi Medical College and Research Institute

Shri Sathya Sai Medical College and Research Institute

COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM

M.D. PAEDIATRICS

(2020 Onwards)

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

Preface

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of the much awaited Competency Based Medical Education (CBME) for post graduate by the Medical Council of India (MCI) (superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move.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

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

Preface

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out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors) , adoption of CBME for post-graduate by it is welcome move.

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

The salient feature of this document is defining the program educational objectives (PEO) for its postgraduate program as a whole, defining program outcomes (PO) based on the competencies to be practiced by the specialist, course outcomes (CO) and program specific sub-competencies and their progression in the form of milestones. The compilation of the milestone description leads to the formation of the required syllabus. This allows the mentors to monitor the progress in sub-competency milestone levels. It also defines milestone in five levels, for each sub-competency. Although MCI has described three domains of competencies, the domain 'Attitude' is elaborated into 4 more competencies for ease of 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.

Prof.M.Ravishankar
MBBS, MD (Anaesthesia),
FRCP
Dean, MGMCRI
Puducherry-607 402

Dr.Sukumaran Annamalai
MBBS, MD., (GM), D.H.H.M.,
Dean, SSSMCRI,
Kancheepuram District
Tamil Nadu - 603 108

Foreword

It gives me great pride in writing a foreword for the Pediatrics PG curriculum, which has been possible by the perseverance and dedication of the members of the boards of studies and the constant encouragement of our respected Dean, Dr. M. Ravishankar and our beloved Vice principal, Dr. Seetesh Ghose.

The Medical council of India has laid solid guidelines for the Pediatrics curriculum and it was the futuristic vision of the eminent and honourable Vice Chancellor of our University, Dr. S. C. Parija, who galvanized me on the journey of innovation and improvisation of the PG curriculum.

The Pediatrics PG curriculum aims at showing objectively what we are expecting our PG trainee to know and perform throughout the course and beyond. When I look at the post graduate curriculum of the United Kingdom or United States or other countries, I find that they have structured learning objectives and assessment tools for each increasing level of competency in the Pediatrics course. Hence this course will be one of the first in the country in designing an on par framework for our post graduates, who will go through an objective and structured competency based learning and assessment in their clinical training.

Tomorrow when I assess the post graduate, I can objectively say what level of professional competency I expect him/her to possess at a particular point of time in his training. In addition I will be able to tell whether he is ready to move to the next level of training and if not what particular skills need to be mastered.

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

Dr.P.Soundararajan
Prof. HoD Pediatrics,
MGMCRI

Dr. P.G.Rajakumar,
Prof. HoD Pediatrics,
SSSMCRI

List of the Contributors

Dr. P.Soundararajan,Prof & HoD Pediatrics, MGMCRI

Dr. P.G Rajakumar, Prof & HoD,Pediatrics, SSSMCRI.

Dr. A. Shanthi, Professor, MGMCRI,

Dr. V. Ilamaran, Professor, MGMCRI, Puducherry.

Dr. Paramanantham, Professor, SSSMCRI

Dr. Selvaraj, Professor, SSSMCRI

Dr. K. Karthikeyan, Assoc. Professor, MGMCRI

Dr. Rathi Sharmila, Associate professor, MGMCRI

Dr. Vikneswari, Assistant Professor, MGMCRI

Dr. Mohanraj, Assistant Professor, SSSMCRI.

Acknowledgements to

Dr. S. Ramesh, Professor, Pediatrics, RMMCH, Chidambaram

Dr. D. Gunasekaran, Professor, Pediatrics JIPMER, Puducherry.

Table of Contents

Sri Balaji Vidyapeeth University
Department of Pediatrics
Post- Graduate Program

1. Preamble:

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

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

2. Program Educational Objectives (PEO):

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

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

- **PEO1**: Specialist who can provide comprehensive care related to Pediatrics over and above the physician of first contact.
- **PEO2:** Leader and team member who understands 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 a period of 3 years, the resident should be able to attain the following PO's:

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

4. Course and Course Objectives (CO):

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

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

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

C1.1 Apply knowledge of pre and para clinical science related to newborn and child health.

C1.2 Apply knowledge of medical genetics related to new born & child healths.

C1.3 Complete the basic course in Biomedical research, Data collection and analysis, scientific communication

4.2 Course 2 (C2): Newborn and Community Pediatrics

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

C2.1 Provide effective and quality care in the perinatal period.

C2.2 Provide effective and adequate care to all the premature and low birth weightbabies and to recognize and effectively manage the complications associated with prematurity

C2.3 Manage effectively all the infections and systemic disorders in the new-born period

C2.4 Recognize and effectively manage the congenital malformation in the new-born for the favourable outcome

C2.5 Provide vital statistics related to Neonatology

C2.6 Perform investigative procedures and therapeutic skills related to Neonatology

C2.7 Recognise and manage disorders of Growth and Nutrition in children

C2.8 Recognize the developmental and behavioural disorders in Pediatrics and to effectively manage with appropriate therapies

C2.9 Recognize Autism, ADHD, learning disability and similar disorders at an early age and collaborate with Psychiatrists/Child Psychologist for the treatment of such patients.

C2.10 Evaluate and manage common Adolescents related problems.

C2.11 Perform investigative procedures and therapeutic skills in Pediatrics

C2.12 Communicate effectively the nature and prognosis of the disease to the care givers. C2.13 Recognise and effectively manage illness at community level as per IMNCI guidelines

C2.14 Recognise and implement national health programmes

C2.15 Possess a comprehensive knowledge about the vaccines including the constituents, efficacy, storage, contraindications and adverse reactions

C2.16 Perform the investigation of an epidemic.

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

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

C3.1 Evaluate and manage common Cardiovascular and Respiratory disorders

C3.2 Evaluate and manage common Gastrointestinal and Hepatobiliary disorders

C3.3 Evaluate and manage common Neurological disorders

C3.4 Evaluate and manage common Hematological and oncological disorders

C3.5 Evaluate and manage common Renal disorders

C3.6 Evaluate and manage common Endocrine disorders

C3.7 Evaluate and manage common Immunological and Allergic disorders

C3.8 Evaluate and manage common musculoskeletal disorders

C3.9 Evaluate and manage common disorders of skin, eye, ear, nose and throat.

C3.10 Recognize and evaluate the common pediatric surgical conditions and if necessary make prompt and appropriate referral to the pediatric surgical unit.

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

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

C4.1 Discuss the recent advances in pediatrics including newer diseases and newer investigations

C4.2 Discuss the newer drugs, therapeutic advances including transplantation

C4.3 Discuss the recent advances in neonatology

C4.4 Discuss the application of genetics in Pediatrics

C4.5 Recognise and manage effectively all the pediatric emergencies and if necessary make prompt and appropriate referrals.

C4.6 Recognise and manage common poisonings in children including the medico legal aspects of medical care.

C4.7 Manage effectively patients requiring ventilation (Invasive and non-invasive) and critical care.

C4.8 Perform critical appraisal of Medical literature.

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

Table1. Mapping of PEO, PO and CO

	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	Y	Y	Y		Y
C3		Y	Y	Y	Y	Y	Y	Y		Y
C4				Y			Y	Y	Y	Y

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

5. Competencies, Sub-competencies and Milestone:

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

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

Domain of Competencies

1. **Medical Knowledge (MK)** - Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social- behavioural sciences, and the application of this knowledge to patient care.
2. **Patient Care (PC)** - Provide patient-centred care that is compassionate, appropriate, for effective management and acquire skills appropriate for teaching and conducting research.
3. **System Based Practise (SBP)** - Demonstrate the ability to follow the standard operating procedures relevant to practices of the organisations for patient care, inculcating quality and economical practices.
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.

Medical Knowledge	Description	Level 1	Level 2	Level 3	Level 4	Level 5
MK 1	Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease and its correlation to physical signs and symptoms of disease	**Demonstrates** a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease Demonstrate normal patterns of growth and development in children Demonstrate normal and abnormal nutritional states in children	**Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Explain** pathophysiology of infections and non - infectious inflammation in health and disease **Explain** abnormal and normal symptomatology related to disease manifestations **Explain** pathophysiology of acute states and metabolic derangements in health and disease	**Correlate** the symptoms and signs with the underlying pathology as mentioned in level 2 **Demonstrates** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions as mentioned in Level 2 **Demonstrates** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions as mentioned in Level 2	**Demonstrates** an in-depth knowledge regarding neonatal and pediatric conditions as mentioned in Level 2 for management of patients with multiple and/or complex comorbidities **Educates** residents regarding neonatal and pediatric conditions as mentioned in Level 2	**Demonstrates** knowledge regarding of atypical signs and symptoms of neonatal and pediatric conditions as mentioned in Level 2

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

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

Patient Care (PC)	Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health)	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
PC1	Gather essential and accurate information about patients and their condition through history- taking, physical examination, and available laboratory data, imaging, and other tests.	**Demonstrates** basic knowledge of normal and abnormal symptoms and signs of disease.	**Perform** basic history taking and physical examination appropriate to neonatal and pediatric conditions.	**Interprets** test results and screens for neonatal and pediatric conditions	**Demonstrates** a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates lower- level residents.	**Applies** innovative approaches to recognizes atypical presentations neonatal and pediatric conditions.
PC2	Perform diagnostic, and surgical procedures considered essential for the area of practice.	**Performs** basic procedures, including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. **Demonstrates** basic surgical principles, including use of universal precautions and aseptic technique	**Performs** airway management and ventilator care **Performs** advanced Neonatal resuscitation **Performs** PALS	**Performs** synchronised management of common medical emergencies without supervision	**Supervises** and educates lower level residents. **Collaborates** and provides consultation to other members of the health care team	**Applies** innovative approaches based on emerging evidence in medical, diagnostic and procedural skill.

PC 3	Interpret laboratory data, imaging studies, and other tests required for neonatal and pediatric conditions	**Demonstrate** knowledge of normal and abnormal range of values in neonatal and pediatric conditions	**Interpretation** of commonly performed laboratory data, imaging studies. Correlating the laboratory data, imaging studies with underlying pathology	**Interpretation** of specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology	**Formulates** management plans and initiates treatment for neonatal and paediatric conditions.	**Applies** innovative approaches to treatment plans based on emerging evidence
PC 4	Develop and carry out patient management plans rationally	**Demonstrate** knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in newborn, NB hypoglycemia) and their management plan. **Recognies** routine screening of high risk newborns and perform the prescribed interventions and investigations **Demonstrates** a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics.	**Performs** the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal Disorders **Recognise** complications and formulate initial Management plan. **Identifies** an infant in need of advanced resuscitation. **Counsels** on the effectiveness, risks and benefits of available forms of management option**.**	**Formulates** management plans and initiates treatment for uncommon situations in pediatrics. **Develops** patient-centered management plans to maintain health and prevent disease.	**Demonstrates** good decision making and ability to modify management plan. **Recognizes** timely consultation during management.	**Provides** on-going, comprehensive care for patients with neonatal and pediatric disorders. **Applies** innovative approaches to treatment plans based on emerging evidence

PC 5	Provide health care services aimed at preventing health problems or maintaining health	**Demonstrates** knowledge of the characteristics of a good screening test. **Demonstrates comprehensive** knowledge of the common vaccines including adverse effects and contraindications **Demonstrates** knowledge of vaccine storage.	**Recommends** age- and risk- appropriate vaccinations. **Recommends** newborn screening to parents of neonate **Demonstrates** use of specific screening tools for ADHD, Autism, Developmental delay, etc **Safely** administers vaccines to children	**Demonstrates** comprehensive knowledge of vaccines for special circumstances	**Effectivelysupervise s** and educates lower level residents . **Collaborates** and provides consultation to other members of the health care team	**Applies** innovative approaches for preventive and promotive health care.
PC 6	Provide appropriate referral of patients	**Identifies** indications for consultation, referral of pediatric patients with surgical problems or other subspeciality related complications	**Prepare** necessary relevant document for referral/transfer of care for patients	**Uses** a multi-Disciplinary approach and makes appropriate referrals	**Effectively supervises** and educates lower level residents. **Collaborates** and provides consultation to other members of the health care team	**Follow up** till final outcome after referral

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

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

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

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

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

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

PBLI 2	Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvement	**Shows** commitment to self- evaluation, lifelong learning, and patient safety	**Demonstrates** understanding of the basic concepts of QI **Reads** appropriate information, as assigned by the program or related to patient-specific topics **Understands** level of evidence for patient care recommendations	**References** and utilizes national standards or guidelines in patient care plans. **Identifies** quality of care issues within one's own practice with a systems-based approach	**Participates** in departmental or institutional Q process/committees **Implements** changes with a goal of practice improvement **Monitors** one's own outcomes to improve practice	**Analyzes** department or institutional outcomes **Contributes** to peer-reviewed medical literature **Organizes** and leads effective institutional QI/patient safety projects

Professionalism(P)	Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles	Level 1	Level 2	Level 3	Level 4	Level 5
P 1	Compassion, Integrity, and Respect for Others	**Understands** the importance of compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients	**Consistently shows** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team **Consistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Consistently shows** compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behavior based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Consistently models** compassion, integrity, and respect for others **Coaches** others to improve compassion, integrity, and respect for patients	**Assumes long-term or leadership** role in community outreach activities to improve the health of vulnerable populations

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

6. Syllabus

6.1 Course 1 Applied basic medical sciences related to pediatrics

1. Basic Sciences

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

2. Medical Genetics

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

- General principles of Teratology.
- Screening, counselling and prevention of developmental abnormalities.
- Birth defects - genetics, teratology and counselling.

3. Basic Course in Biomedical Research, Data collection and analysis, scientific communication: Formulation of a research hypothesis, designing a study, estimation of sample size, understanding discrete and continuous variables, choosing the appropriate statistical test, writing a research paper, read and critically analyse research articles.

6.2 Course 2: Newborn and Community Pediatrics:

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

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

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

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

6.3 Course 3: General Pediatrics and Pediatric subspecialty

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

encephalitis, neuromyelitis optica, multiple sclerosis, acute disseminated encephalomyelitis, transverse myelopathy etc, neurodegenerative disorders, evaluation of a child with intellectual disability, movement disorders of childhood, tumors of the brain, sub-arachnoid hemorrhage and brain and spine malformations.

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

(pyogenic and tubercular), tumours etc

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

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

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

Clinical Skills

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

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

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

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

7. Teaching and Learning Methods

General principles

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

Postgraduate Training

Teaching methodology should be imparted to the students through:

- Lectures, seminars, symposia, Inter- and intra- departmental meetings (clinico-pathological, Radio-diagnosis, Obstetrics and Gynaecology), maternal morbidity/mortality meetings and journal club. ***Records of these are to be maintained by the department.***
- By encouraging and allowing the students to attend and actively participate in CMEs, Conferences by presenting papers.
- Maintenance of log book: **E-portfolio:- It is an electronic portfolio to be maintained by** the resident to record their activities under the section:
  - EPA,
  - Daily log
  - Patient care
  - Procedure
  - Dissertation
  - Academic activities(Seminar, symposium, case presentation, journal club)
  - Student Enrichment Programs – SEP (Conference, CME, Workshop),
  - Teaching Assignments,
  - Awards and achievements
  - Outreach activities.

- **E-portfolio** shall be checked and assessed periodically by the faculty members. This will enable to monitor progress of the resident, his level of attainment of milestone and impart the training accordingly
  - Writing thesis following appropriate research methodology, ethical clearance and good clinical practice guidelines.
  - The postgraduate students shall be required to participate in a supervised setting in the teaching and training programme of undergraduate students and interns through micro-teaching and clinical class.

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

DISSERTATION

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

Objectives

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

(i) identify a relevant research question;

(ii) conduct a critical review of literature;

(iii) formulate a hypothesis;

(iv) determine the most suitable study design;

(v) state the objectives of the study;

(vi) prepare a study protocol;

(vii) analyse and interpret research data, and draw conclusion;

(viii) write a research paper.

Guidelines

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

(i) the scope of study should be limited so that it is possible to conduct it within the resources and time available to the student;

(ii) the emphasis should be on the process of search of research rather than the results;

(iii) the protocol, interim progress as well as final presentation must be made formally to the entire department;

(iv) only two students per teacher/ thesis guide (for Professor) and one student per teacher/ thesis guide (for Associate Professor), in addition to one co-guide for each student

(v) periodic department review of the thesis work as per following schedule:

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

Formal Teaching Sessions

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

Journal club/ Medical and perinatal audit	Once a week Seminar/lecture Once a week
Case discussion	Twice a week
Interdepartmental case/ seminar	Once in 2 weeks [Cardiology, Pediatric surgery etc.]

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

ROTATIONS

1. Peripheral rotations outside the parent department during the three years of PG degree course should not be less than three months in allied specialities. During the period of peripheral rotation the student should remain attached to the department to which they are posted for rotation at all times and participate in all the department‘s activities including OPD, IP care, teaching activities without constantly going back to their parent departments for teaching programmes etc.

2. In case rotation is required outside the Institute if the concerned departments are not available here, the departments should prepare a list of their requirements so that arrangements may be made with other institutions for this purpose well in advance.

3. A one week program will be arranged for the newly admitted first year PGs in research methodology, basics of bio-statistics, how to select a topic for dissertation, planning the study, literature search etc. This will be arranged at the institutional level by the Medical Education unit.

4. Workshops on ethical issues, medico legal aspects etc. required by the MCI will be arranged by the Medical Education unit.

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

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

Practical and Clinical Training

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

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

Rotations:

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

	1st Mon	2nd Mon	3rd Mon	4th Mon	5th Mon	6th Mon	7th Mon	8th Mon	9th Mon	10th Mon	11th Mon	12th Mon
1st year	W	W	W	W	N	N	P	E	W	W	W	W
2nd year	W	N	N	P	P	W	W	W	AP*	AP*	W	W
3rd year	N	N	P	P	W	W	W	W	W	W	W	W

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

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

8. Assessment

8.1 Formative assessment:

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

List the of Entrustable Professional Activity

Table 3. List the of Entrustable Professional Activity

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

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

Table 4. EPAs, Competency levels and entrustability

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

Competency	**Pre-Entrustable**	**Entrustable**
MK 1	**Lack of** Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease. **Does not Demonstrate** normal patterns of growth and development in children. **Does not demonstrate** normal and abnormal nutritional states in children **Fails to Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Fails to Explain** pathophysiology of infections and non - infectious inflammation in health and disease **Fails to Explain** abnormal and normal symptomatology related to disease manifestations **Fails to Explain** pathophysiology of	**Demonstrates** a Knowledge of structure and function of fetal, neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease. **Demonstrates** normal patterns of growth and development in children. **Demonstrate** normal and abnormal nutritional states in children **Explains** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Explains** pathophysiology of infections and non -infectious inflammation in health and disease. **Explains** abnormal and normal symptomatology related to disease manifestations. **Explains** pathophysiology of acute clinical conditions and metabolic

	acute clinical conditions and metabolic derangements in health and disease. **Fails to Correlate** the symptoms and signs with the underlying pathology. **Fails to Demonstrate** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions **Fails to Demonstrate** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions	derangements in health and disease. **Correlates** the symptoms and signs with the underlying pathology **Demonstrates** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions **Demonstrates** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions
MK 3	**Fail to recognise** common psychosocial-cultural influences on woman's health, care-seeking, care-compliance, barriers and attitudes toward care. Unable to **assess** psychosocial-cultural influences on woman's health, care-seeking, care-compliance, barriers and attitudes toward care. **Occasionally analyze** psychosocial-cultural influences on woman's health, care- seeking, care-compliance, barriers and attitudes toward care. **Unable toprepare** a plan to improve woman's care-seeking and care-compliance attitudes toward health care.	**Recognise** common psychosocial-cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care. **Analyse** psychosocial-cultural influences on children's health, care- seeking, care-compliance, barriers and attitudes toward care. **Prepare** a plan to improve parents' care-seeking and care-compliance attitudes toward health care
PC 1	**Fails to Demonstrate** basic knowledge of normal and abnormal symptoms and signs of disease **Fails to Perform** basic history taking and physical examination appropriate to neonatal and pediatric conditions. **Fails to Interpret** test results and screens for neonatal and pediatric conditions **Fails to Demonstrate** a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates lower-level residents. **Does not Apply** innovative approaches to recognize atypical presentations neonatal and pediatric conditions.	**Demonstrates** basic knowledge of normal and abnormal symptoms and signs of disease **Perform** basic history taking and physical examination appropriate to neonatal and pediatric conditions. **Interprets** test results and screens for neonatal and pediatric conditions **Demonstrates** a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates lower-level residents. **Applies** innovative approaches to recognize atypical presentations neonatal and pediatric conditions.

ICS 1	**Dose not show** adequate listening skills. **Communicates** ineffectively in routine clinical situations. **Unable to verbalize** basic knowledge about common test/procedure. Fail to understand the importance of informed consent. **Enquire for** patient and family understanding of illness but do not allow opportunities for patient questions. **Fail to** communication with patient and family regarding plan of care for hospitalized patient's management plan **Communicates** ineffectively in stressful, emergent, and complex. **Incapable** of delivering bad news to patients and families regarding poor prognoses situations. **Unable to communicate** with patients and families across a broad range of socio-economic and cultural Backgrounds communication in the most challenging situations, and invites participation from all stakeholders.	**Demonstrates** adequate listening skills. **Communicates** effectively in routine clinical situations. **Verbalizes** basic knowledge about common contraceptive options **Understands** the importance of informed consent. **Enquire** for patient and family understanding of illness and **Allows** opportunities for patient questions. **Maintain** communication with patient and family regarding plan of care for hospitalized patients management plan **Communicates** effectively in stressful, emergent, and complex **Capable** of delivering bad news to patients and families regarding poor prognoses situations **Communicates** with patients and families across a broad range of socio- economic and cultural backgrounds communication in the most challenging situations, and invites participation from all stakeholders.
P1	**Fail to understand** the importance of compassion, integrity, and respect for others. **Fail to demonstrate** sensitivity and responsiveness to patients. **Inconsistently shows** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team **Inconsistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Occasionally **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Consistently shows** compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others.

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

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

	critical appraisal of the literature. **Unable to demonstrate** responsiveness to constructive feedback. **Fail to identify** resources (e.g., texts, search engines) to answer questions while providing patient care. **Fails to recognize** limits of knowledge, expertise, and technical skills. **Unable to describe** commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional) Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate Fails to seek or apply evidence when necessary	critical appraisal of the literature **Demonstrates** responsiveness to constructive feedback **Identifies** resources (e.g., texts, search engines) to answer questions while providing patient care **Recognizes** limits of knowledge, expertise, and technical skills **Describes** commonly used study designs (e.g., randomized controlled trial [RCT], cohort; case-control, cross-sectional) Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information Routinely translates new medical information needs into well-formed clinical questions Utilizes information technology with sophistication Independently appraises clinical research reports based on accepted criteria
P 1	**Fail to understand** the importance of compassion, integrity, and respect for others. Unable to d**emonstrate** sensitivity and responsiveness to patients. Fail to **shows** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team **Occasionally demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. Occasionally a**ccepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Understands** the importance of compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients **Consistently shows** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team **Consistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

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

Competency	Pre-Entrustable	Entrustable
MK 1	**Lack** knowledge of early embryology, Organogenesis, Genetic approach, neonatal physiology, child growth and development, nutritional needs, fluid electrolyte & acid base balance, adolescent physiology. **Unable to explain** the abnormalities associated with transition from fetal to neonatal life, early growth and development problems, nutritional deficiency **Unable to explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Unable to explain** pathophysiology of infections and non - infectious inflammation in health and disease **Unable to explain** abnormal and normal symptomatology related to disease manifestations **Unable to explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease	**Demonstrates** knowledge regarding early embryology, Organogenesis, Genetic approach, neonatal physiology, child growth and development, nutritional needs, fluid electrolyte & acid base balance, adolescent physiology. **Explain** the abnormalities associated with transition from fetal to neonatal life, early growth and development problems, nutritional deficiency **Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Explain** pathophysiology of infections and non -infectious inflammation in health and disease **Explain** abnormal and normal symptomatology related to disease manifestations **Explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease
MK 2	**Lack** ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2)	**Demonstrates** the ability to formulate a differential diagnosis of various neonatal and pediatric conditions **Demonstrates** an understanding of initial evaluation of
	Lacks an understanding of initial evaluation of neonatal and pediatric conditions. Lack ability to recommend or interpret basic diagnostic tests accurately; justification for tests may be incomplete or inaccurate.	neonatal and pediatric conditions. **Demonstrates** the ability to recommend or interpret basic diagnostic tests accurately; justification for tests may be incomplete or inaccurate.
MK 3	Lacks the scientific, socioeconomic or behavioral knowledge required to order and interpret lab investigations	Possesses the scientific, socioeconomic and behavioral knowledge required to order and interpret lab investigations for complex medical conditions and comprehensive preventive care

PC 1	Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis; demonstrates analytic reasoning through basic pathophysiology results in a list of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to order for diagnostic tests	Abstracts and reorganizes elicited clinical findings in memory, using semantic qualifiers (such as paired opposites that are used to describe clinical information [e.g., acute and chronic]) to compare and contrast the diagnoses being considered when presenting or discussing a case; shows the emergence of pattern recognition in diagnostic and therapeutic reasoning that often results in a well-synthesized and organized assessment of the focused differential diagnosis and that results in recommending and interpreting specific diagnostic tests
ICS 1	Do not **Maintain** communication with patient and family regarding prescription of lab investigations and their interpretation Communicates results in a manner that is unclear, uses jargon, or does not confirm patient understanding.	**Maintain** communication with patient and family regarding prescription of lab investigations and their interpretation. Communicates results without using jargon and confirms understanding from the patient
SBP 2	**Understands** the importance of providing cost-effective care **Fails to** consider costs and/or value of the test in decision making. The student may not demonstrate awareness of the financial implications of ordering the tests/procedures for patient, Examples include: recommending "routine daily labs" during a hospital stay without justification, duplicate tests because of incomplete review of medical records, or low-value tests in the outpatient setting.	**Demonstrates** the incorporation of cost awareness into clinical judgment and decision making **Considers** the value of tests and procedures when recommending their use, appropriately justifying a given test or procedure using evidence-based principles. The student also considers expenses for patients when recommending tests and procedures. The student uses information technology to support decision-making and adopts strategies to decrease cost and risk to individuals.
PBLI 2	Do not r**ead** appropriate information, Fail to **Understands** level of evidence for patient care recommendations	**Reads** appropriate information, as assigned by the program or related to patient-specific topics **Understands** level of evidence for patient care recommendations

P 1	**Fail to understand** the importance of compassion, integrity, and respect for others. Unable to d**emonstrates** sensitivity and responsiveness to patients Inc**onsistently shows** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team Inc**onsistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations Doesn't a**ccepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Consistently shows** compassion, integrity, and respect for patients who decline medical advice or request un- indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

EPA 4: Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	
Description of the activity: This includes a brief rationale and a list of the functions required for the EPA.	Resident should be able to document accurately with minimal errors the necessary treatment orders and prescriptions of the treating physician. He should participate actively in decision making and formulation of treatment plan. He should be able to educate the patient and the care givers on the correct modality of following treatment orders and also effectively check compliance. The prescription writing should be tailored to the clinical situation and specific patient encounter. This prescription writing activity serves as the major building block of patient management.
Most relevant domains of competence:	MK, PC, ICS, SBP, P
Competencies within each domain critical to entrustment decisions:	MK 1.3, MK 2.4, MK 3.3 PC1.3, 3.4, 4.3, ICS1.2, 2.2, 3.3 SBP 1.4, 2.4 P1.2
Methods of assessment	Periodic written exam (Every 6 months) OSCE Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers

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

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

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

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

SBP 1.4	**Fails to recognize** limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm. **Fails to demonstrate knowledge** of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting) **Fails to participate** in "time- out" **Does not utilize** check lists to promote patient safety (e.g., medication reconciliation) **Fails to demonstrate knowledge** of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events. **Unable to participate** in patient safety reporting and analyzing systems. **Unable to participate** in team drills **Fails to demonstrate** knowledge of national patient safety standards, as well as their use/application in the institution. **Does not report** errors and near-misses to the institutional surveillance system and superiors. **Does not recognize** when root cause analysis is necessary, and is capable of participating in root cause analysis **Does not participate** in quality improvement (QI)/patient safety projects.	**Recognizes** limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm. **Demonstrates knowledge** of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting) **Participates** in "time- out" **Utilizes** check lists to promote patient safety (e.g., medication reconciliation) **Demonstrates knowledge** of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events. **Participates** in patient safety reporting and analyzing systems **Participates** in team drills **Reports** errors and near- misses to the institutional surveillance system and superiors **Recognizes** when root cause analysis is necessary, and is capable of participating in root cause analysis **Participates** in quality improvement (QI)/patient safety projects.

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

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

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

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

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

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

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

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

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

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

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

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

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

EPA 8: Give or receive a patient handover to transition care responsibility	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	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 interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).
2. Most relevant domains of competence:	PC/ ICS/ PBLI/ P
3. Competencies within each domain critical to entrustment decisions:	PC1.2 PC 3.2 ICS2.2 PBLI2.2 P1.2
4.Methods of assessment	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers

Competency	Pre-Entrustable	Entrustable
PC 1	Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis; demonstrates analytic reasoning through basic pathophysiology results in a list	Abstracts and reorganizes elicited clinical findings in memory, using semantic qualifiers (such as paired opposites that are used to describe clinical information [e.g., acute and chronic]) to compare and contrast the diagnoses being considered when presenting or discussing a case; shows the
	of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to order for diagnostic tests	emergence of pattern recognition in diagnostic and therapeutic reasoning that often results in a well-synthesized and organized assessment of the focused differential diagnosis and that results in recommending and interpreting specific diagnostic tests
PC 3	**Demonstrate** knowledge of normal and abnormal range of values in neonatal and pediatric conditions. **Interpretation** of commonly performed laboratory data, imaging studies. **Correlating** the laboratory data, imaging studies with underlying pathology. **Interpretation** of specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology. **Formulates** management plans and initiates treatment for neonatal and pediatric conditions.**Fail to demonstrates** basic surgical skills, including knot tying, simple suturing,	**Demonstrate** knowledge of normal and abnormal range of values in neonatal and pediatric conditions. **Interpretation** of commonly performed laboratory data, imaging studies. **Correlating** the laboratory data, imaging studies with underlying pathology. **Interpretation** of specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology. **Formulates** management plans and initiates treatment for neonatal and pediatric conditions.
ICS 2	***Unable to*** **assign** roles and expectations to team members; *fails to* give clear instructions and maintain mutual respect; *fails to* address to parental concern	**Works effectively** as a team leader in caring for a child with acute illness.**Communicates** effectively with team members to create a shared mental model.**Works** effectively in inter professional and interdisciplinary health care teams. **Participates** in effective transitions of care and team debriefing

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

EPA 9: Obtain informed consent for tests and/or procedures	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions) but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.
2. Most relevant domains of competence:	PC, ICS, SBP, P
3. Competencies within each domain critical to entrustment decisions:	PC1.2 PC2.2 PC4.2 ICS1.2 SBP2.2 P1.2
4.Methods of assessment	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback Patient Nurses Health care workers Peers

Competency	Pre-Entrustable	Entrustable
PC 1	Recalls and presents clinical facts in the history and physical in the order they were elicited without filtering, reorganization, or synthesis; demonstrates analytic reasoning through basic pathophysiology results in a list of all diagnoses considered rather than the development of working diagnostic considerations, making it difficult to order for diagnostic tests	Abstracts and reorganizes elicited clinical findings in memory, using semantic qualifiers (such as paired opposites that are used to describe clinical information [e.g., acute and chronic]) to compare and contrast the diagnoses being considered when presenting or discussing a case; shows the emergence of pattern recognition in diagnostic and therapeutic reasoning that often results in a well-synthesized and organized assessment of the focused differential diagnosis and that results in recommending and interpreting specific diagnostic tests
PC 2	**Does not demonstrate** knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. **Does not demonstrate** a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. **Does not perform** the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders. **Fails to recognise** complications and formulate initial management plan. **Fails to counsel** on the effectiveness, risks and benefits of available forms of management option**.**	**Demonstrate** knowledge of neonatal and pediatric emergencies (asthma, seizures, sepsis, shock, tachypnea in new born, NB hypoglycaemia) and their management plan. **Demonstrates** a basic understanding of the effectiveness, risks, benefits, complications, and contraindications of common drugs and therapeutics in pediatrics. **Performs** the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders **Recognise** complications and formulate initial management plan. **Counsels** on the effectiveness, risks and benefits of available forms of management option**.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EPA: 14 - Performing general medical procedures

EPA 14 : Performing general medical procedures (IV line insertion, Naso-gastric tube insertion, urinary catheterization, basic neonatal resuscitation)	
1. Description of the activity: This 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. Should possess necessary knowledge and expertise to perform minor medical procedures in OPD and ward.
2. Most relevant domains of competence:	MK PC ICS PBL SBP P

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

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

	comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) **Does not Demonstrate** the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology)	**Demonstrates** the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) **Demonstrates** the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology)
PC 1	**Fails to Demonstrate** basic knowledge of normal and abnormal symptoms and signs of disease **Fails to Perform** basic history taking and physical examination appropriate to neonatal and pediatric conditions. **Fails to Interpret** test results and screens for neonatal and pediatric conditions **Fails to Demonstrate** a comprehensive understanding of the varying patterns of neonatal and pediatric conditions. Effectively supervises and educates lower-level residents.	**Perform** basic history taking and physical examination appropriate to neonatal and pediatric conditions. **Interprets** test results and screens for neonatal and pediatric conditions
PC 2	Fails to perform basic procedures including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. **Demonstrates** basic surgical principles, including use of universal precautions and aseptic technique **Performs** airway management and ventilator care **Performs** advanced Neonatal resuscitation **Performs** PALS **Performs** synchronised management of common medical emergencies without supervision	**Performs** basic procedures, including peripheral venous cannulation, Naso-gastric tube insertion, urinary catheterization, basic neonatal resuscitation.

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

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

EPA: 15 - Performing minor surgical procedures

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	discharge planning). **Does not practice** cost-effective care (e.g., formulary drugs, generic drugs, tailoring of diagnostic tests). **Fails to analyze**patient care options from a quality of life (QOL)/cost- of-care perspective, and includes in patient counselling. **Does not communicate** effectively within his or her own hospital/clinic to advocate for patient needs.	(e.g., formulary drugs, generic drugs, tailoring of diagnostic tests) **Analyzes** patient care options from a quality of life (QOL)/cost-of-care perspective, and includes in patient counseling **Communicates** effectively within his or her own hospital/clinic to advocate for patient needs.
P 1.3	**Does not understand** the importance of compassion, integrity, and respect for others. **Fails to demonstrate** sensitivity and responsiveness to patients. **Does not consistently show** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. **Fails to consistently demonstrate** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. **Fails to accept** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others **Occasionally shows** compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress Fails to **Modify** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Understands** the importance of compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients. **Consistently** shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. **Consistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others **Consistently shows** compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others.

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

Competency	**Pre-Entrustable**	**Entrustable**
MK 5	**Fails to demonstrate** knowledge of normal neonatal conditions. **Does not recall** the steps associated with neonatal resuscitation. **Fails to explain** common abnormal neonatal conditions. **Fails to Explain** the principle of neonatal resuscitation in normal condition **Fails to suggest** the treatment strategies for abnormal neonatal conditions **Not able to Analyse** the appropriate neonatal resuscitation in special situations.	**Demonstrate** knowledge of normal neonatal conditions. **Recall** the steps associated with neonatal resuscitation. **Explain** common abnormal neonatal conditions. **Explain** the principle of neonatal resuscitation in normal condition **Suggest** the treatment strategies for abnormal neonatal conditions **Analyse** the appropriate neonatal resuscitation in special situations.

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

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

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

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

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

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

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

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

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

	Does not enquire for patient and family understanding of illness and **does not allow** opportunities for patient questions , **Does not maintain** communication with patient and family regarding plan of care for hospitalized patients management plan **Fails to communicate** effectively in stressful, emergent, and complex Not **Capable** of delivering bad news to patients and families regarding poor prognoses situations Fails to **Communicate** with patients and families across a broad range of socio- economic and cultural backgrounds	**Maintain**communication with patient and family regarding plan of care for hospitalized patients management plan **Communicates** effectively in stressful, emergent, and complex **Capable** of delivering bad news to patients and families regarding poor prognoses situations**Communicates** with patients and families across a broad range of socio- economic and cultural backgrounds
ICS 2.2	**Does not understand** the importance of relationship development, information gathering and sharing, and teamwork. **Fails to demonstrate** an understanding of the roles of health care team members, and communicates effectively within the team **Fails to demonstrate** an understanding of transitions of care and team debriefing.	**Understands** the importance of relationship development, information gathering and sharing, and teamwork. **Demonstrates** an understanding of the roles of health care team members, and communicates effectively within the team **Demonstrates** an understanding of transitions of care and team debriefing.
PBLI 2.3	**Does not show** commitment to self-evaluation, lifelong learning, and patient safety **Fails to demonstrate** understanding of the basic concepts of QI Fails to **Read** appropriate information, not **understand** level of evidence for patient care recommendations **Fails to Reference** and utilize national standards or guidelines in patient care plans. Does not **Identify** quality of care issues within one's own practice with a systems- based approach	**Shows** commitment to self-evaluation, lifelong learning, and patient safety **Demonstrates** understanding of the basic concepts of QI **Reads** appropriate information, as assigned by the program or related to patient-specific topics **Understands** level of evidence for patient care recommendations **References** and utilizes national standards or guidelines in patient care plans. **Identifies** quality of care issues within one's own practice with a systems-based approach

P 1.3	**Does not understand** the importance of compassion, integrity, and respect for others. **Fails to demonstrate** sensitivity and responsiveness to patients. **Does not consistently show** compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. **Fails to consistently demonstrate** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations. **Fails to accept** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others **Fails to Consistently show** compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Fails to modify** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others **Fails to modify** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others	**Understands** the importance of compassion, integrity, and respect for others **Demonstrates** sensitivity and responsiveness to patients. **Consistently** shows compassion, integrity, and respect in typical situations with patients, peers, and members of the health care team. **Consistently demonstrates** sensitivity and responsiveness to diversity of patients' ages, cultures, races, religions, abilities, or sexual orientations **Accepts** constructive feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others. **Consistently shows** compassion, integrity, and respect for patients who decline medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others medical advice or request un-indicated tests or treatments, for patients who have psychiatric comorbidities, and for team members in circumstances of conflict or high stress **Modifies** one's own behaviour based on feedback to improve his or her ability to demonstrate compassion, integrity, and respect for others

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

Competency	**Pre-Entrustable**	**Entrustable**
MK 1	**Could not able to explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Could not able to Explain** pathophysiology of infections and non -infectious inflammation in health and disease Fails to **explain** abnormal and normal symptomatology related to disease manifestations **Fails to Explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease	**Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Explain** pathophysiology of infections and non -infectious inflammation in health and disease **Explain** abnormal and normal symptomatology related to disease manifestations **Explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease

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

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

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

Competency	Pre-Entrustable	Entrustable
MK1	**Could not able to Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Could not Explain** pathophysiology of infections and non -infectious inflammation in health and disease **Does not able to explain** abnormal and normal symptomatology related to disease manifestations **Does not able to explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease **Demonstrates** the ability to Interprets tests appropriate for neonatal and pediatric conditions	**Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Explain** pathophysiology of infections and non -infectious inflammation in health and disease **Explain** abnormal and normal symptomatology related to disease manifestations **Explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease **Demonstrates** the ability to Interprets tests appropriate for neonatal and pediatric conditions
MK2	**Fails to educates** residents regarding normal and abnormal neonatal and pediatric conditions **Could not able to demonstrate** ability to share knowledge with other members of the health care.	**Educates** residents regarding normal and abnormal neonatal and pediatric conditions **Demonstrate** ability to share knowledge with other members of the health care.
MK3	**Unable to analyse** psychosocial-cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care Prepare a plan to improve parents' care-seeking and care-compliance attitudes toward health care. **Fails to educates** residents and other health care members regarding psychosocial-cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care	**Analyse** psychosocial-cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care Prepare a plan to improve parents' care-seeking and care-compliance attitudes toward health care. **Educates** residents and other health care members regarding psychosocial- cultural influences on children's health, care-seeking, care-compliance, barriers and attitudes toward care
PC1	**Unable to Demonstrates** basic knowledge of normal and abnormal symptoms and signs of disease **Interprets** test results and screens for neonatal and pediatric conditions	**Demonstrates** basic knowledge of normal and abnormal symptoms and signs of disease **Interprets** test results and screens for neonatal and pediatric conditions
PC4	**Could not able to Performs** the initial assessment, formulates a differential diagnosis, and initiates	**Performs** the initial assessment, formulates a differential diagnosis, and initiates treatment for common

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

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

Competency	Pre-Entrustable	Entrustable
MK 1	**Lack of**Knowledge of structure and function of neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease	**Demonstrates** a Knowledge of structure and function of neonatal, pediatric anatomy, physiology and basic biochemical pathways related to health and disease
	Fail to Demonstrate normal patterns of growth and development in children **Fails to Demonstrate** normal and abnormal nutritional states in children **Fails to Explain** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Fails to Explain** pathophysiology of infections and non -infectious inflammation in health and disease **Fails to Explain** abnormal and normal symptomatology related to disease manifestations **Fails to Explain** pathophysiology of acute clinical conditions and metabolic derangements in health and disease**Fails to Correlate** the symptoms and signs with the underlying pathology **Fails to Demonstrate** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions **Fails to Demonstrate** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions	**Demonstrates** normal patterns of growth and development in children **Demonstrates** normal and abnormal nutritional states in children **Explains** abnormalities associated with congenital malformations, inherited disorders and inborn errors of metabolism. **Explains** pathophysiology of infections and non - infectious inflammation in health and disease **Explains** abnormal and normal symptomatology related to disease manifestations **Explains** pathophysiology of acute clinical conditions and metabolic derangements in health and disease **Correlates** the symptoms and signs with the underlying pathology **Demonstrates** the ability to utilize focused diagnostic approaches, formulate comprehensive management plans neonatal and pediatric conditions **Demonstrates** knowledge about the management of medical comorbidities relevant neonatal and pediatric conditions
MK 2	**Fails to Demonstrate** the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) **Fails to Demonstrate** an understanding of initial evaluation and treatment options various	**Demonstrates** the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) **Demonstrates** an understanding of initial evaluation and treatment options various neonatal and pediatric

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

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

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

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

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

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

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

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

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

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

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

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

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

ICS 3.3	**Fails to understand**the importance of informed consent **Does no**t engage patients in shared decision making, and obtains informed consent for basic procedures **Does not use** appropriate and easy-to- understand language in all phases of communication, utilizing an interpreter where necessary **Fails to engage** in shared decision making, incorporating patients' and families' cultural frameworks **Does not obtain** informed consent for complex procedures	**Understands** the importance of informed consent **Begins** to engage patients in shared decision making, and obtains informed consent for basic procedures **Uses** appropriate and easy-to-understand language in all phases of communication, utilizing an interpreter where necessary **Engages** in shared decision making, incorporating patients' and families' cultural frameworks **Obtains** informed consent for complex procedures
SBP 1.3	**Unable to recognizes** limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm. **Lack knowledge** of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting). **Occasionally participates** in "time-out". **Does notutilize**check lists to promote patient safety (e.g., medication reconciliation) **Lack knowledge** of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events. **Occasionallyparticipates** in patient safety reporting and analysing systems. **Occasionally participates** in team drills. **Lack** knowledge of national patient safety standards, as well as their use/application in the institution	**Recognizes** limitations and failures of a team approach (e.g., hand-offs, miscommunication) in health care as the leading cause of preventable patient harm. **Demonstrates knowledge** of institutional surveillance systems to monitor for patient safety (e.g., surgical site infection, medical error reporting) **Participates** in "time-out. **Utilizes**check lists to promote patient safety (e.g., medication reconciliation) **Demonstrates knowledge** of the epidemiology of medical errors and the differences between near misses, medical errors, and sentinel events. **Participates** in patient safety reporting and analysing systems **Participates** in team drills **Demonstrates** knowledge of national patient safety standards, as well as their use/application in the institution
SBP 2.3	**Fails to understand**the importance of providing cost-effective care **Understands** the role of physicians in advocating for appropriate child health **Not aware** of common socioeconomic barriers that impact patient care	**Understands** the importance of providing cost-effective care **Understands** the role of physicians in advocating for appropriate child

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

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

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

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

MK 2	**Fails to Demonstrate** the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) **Fails to Demonstrate** an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) **Fails to Demonstrate** the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) **Fails to Demonstrate** the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) **Fails to Demonstrate** the ability to formulate comprehensive management plans for patients with comorbidities(Ref.to MK 1 L2) **Fails to Demonstrate** ability to share knowledge with other members of the health care.	**Demonstrates** the ability to formulate a differential diagnosis of various neonatal and pediatric conditions (Ref.to MK 1 L2) **Demonstrates** an understanding of initial evaluation and treatment options various neonatal and pediatric conditions.(Ref.to MK 1 L2) **Demonstrates** the ability to formulate comprehensive management plans for patients with common neonatal and pediatric conditions.(Ref.to MK 1 L2) **Demonstrates** the ability to Interprets tests appropriate for neonatal and pediatric conditions.(Ref.to MK 1 L2) (Haematology, Biochemical, Microbiology, Radiology) **Demonstrates** the ability to formulate comprehensive management plans for patients with comorbidities(Ref.to MK 1 L2) **Demonstrate** ability to share knowledge with other members of the health care.
PC 2	**Does not perform** basic procedures, including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. **Fails to demonstrate** basic surgical principles, including use of universal precautions and aseptic technique **Does not perform** airway management and ventilator care **Does not perform** advanced Neonatal resuscitation **Fails to perform** PALS	**Performs** basic procedures, including peripheral venous cannulation, lumbar puncture, and basic neonatal resuscitation. **Demonstrates** basic surgical principles, including use of universal precautions and aseptic technique **Performs** airway management and ventilator care **Performs** advanced Neonatal resuscitation **Performs** PALS
PC 6.2	**Fails to identify** indications for consultation, referral of pediatric patients with surgical problems or other subspecialty related complications **Fails to prepare** necessary relevant document for referral/transfer of care for patient	**Identifies** indications for consultation, referral of pediatric patients with surgical problems or other subspecialty related complications **Prepare** necessary relevant document for referral/transfer of care for patient

ICS 1.4	**Fails to demonstrate** adequate listening skills. **Does not communicate** effectively in routine clinical situations **Fails to verbalize** basic knowledge about common vaccines. **Does not understand** the importance of informed consent **Does not enquire** for patient and family understanding of illness and **does not allow** opportunities for patient questions , **Does not maintain** communication with patient and family regarding plan of care for hospitalized patients management plan	**Demonstrates** adequate listening skills. **Communicates** effectively in routine clinical situations **Verbalizes** basic knowledge about common vaccines **Understands** the importance of informed consent **Enquire** for patient and family understanding of illness and **Allows** opportunities for patient questions , **Maintain** communication with patient and family regarding plan of care for hospitalized patients management plan
	Fails to communicate effectively in stressful, emergent, and complex **Not Capable** of delivering bad news to patients and families regarding poor prognoses situations **Fails to Communicate** with patients and families across a broad range of socio- economic and cultural backgrounds **Fails to deliver bad news** to families about complications **Not capable** of informing patients and families about a medical error that caused harm or death **Does not incorporates** risk management in this process **Does not participates** in education of patients and families	**Communicates** effectively in stressful, emergent, and complex **Capable** of delivering bad news to patients and families regarding poor prognoses situations **Communicates** with patients and families across a broad range of socio- economic and cultural backgrounds **Delivers bad news** to families about complications **Capable** of informing patients and families about a medical error that caused harm or death **Incorporates** risk management in this process **Participates** in education of patients and families
ICS 3.3	**Fails to understand**the importance of informed consent **Does no**t engage patients in shared decision making, and obtains informed consent for basic procedures **Does not use** appropriate and easy-to- understand language in all phases of communication, utilizing an interpreter where necessary **Fails to engage** in shared decision making, incorporating patients' and families' cultural frameworks **Does not obtain** informed consent for complex procedures	**Understands** the importance of informed consent **Begins** to engage patients in shared decision making, and obtains informed consent for basic procedures **Uses** appropriate and easy-to-understand language in all phases of communication, utilizing an interpreter where necessary **Engages** in shared decision making, incorporating patients' and families' cultural frameworks **Obtains** informed consent for complex procedures

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

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

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

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

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

Competency	**Pre-Entrustable**	**Entrustable**
MK 4	**Fails to Apply** principles to the identification of risk factors **Does not Recommend** age- and risk- appropriate vaccinations, nutritional guidance	**Apply** principles to the identification of risk factors **Recommends** age- and risk-appropriate vaccinations, nutritional guidance
PC 5	**Fails to supervise** and educates lower level residents. **Does not Collaborate** and does not provide consultation to other members of the health care team	**Effectively supervises** and educates lower level residents. **Collaborates** and provides consultation to other members of the health care team

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

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

Competency	Pre-Entrustable	Entrustable 191
MK 4.3	**Fails to recall** the principles of epidemiological sciences **Fails to demonstrate** knowledge of the characteristics of a good screening test **Fails to demonstrate** knowledge of indications and limitations of commonly used screening tests **Unable to apply** principles to the identification of health problems. **Fails to demonstrate** knowledge of evidence- based, age-appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) **Unable to apply** principles to the identification of risk factors **Lack of knowledge** about age- and risk- appropriate vaccinations, nutritional guidance	**Recall** the principles of epidemiological sciences **Demonstrates** knowledge of the characteristics of a good screening test **Demonstrates** knowledge of indications and limitations of commonly used screening tests **Apply** principles to the identification of health problems. **Demonstrates** knowledge of evidence-based, age- appropriate guidelines for children's health maintenance and disease prevention (e.g., newborn screening program, school health program, national nutritional programs) **Apply** principles to the identification of risk factors **Recommends** age- and risk-appropriate vaccinations, nutritional guidance
ICS 3.1	**Does not Understand** the importance of informed consent	**Understands** the importance of informed consent
SBP 2.2	**Does not understand** the importance of providing cost-effective care **Does not understand** the role of physicians in advocating for appropriate child health **Un aware** of common socioeconomic barriers that impact patient care **Fails to demonstrate** an awareness of the need for coordination of patient care and patient advocacy	**Understands** the importance of providing cost-effective care **Understands** the role of physicians in advocating for appropriate child health **Aware** of common socioeconomic barriers that impact patient care **Demonstrates** an awareness of the need for coordination of patient care and patient advocacy

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

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

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

	Unable to correlate the laboratory data, imaging studies with underlying pathology **Unable to perform** the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders **Fails to recognise** complications and formulate initial management plan **Fails to interpret** specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology **Unable to formulate** management plans and initiates treatment for uncommon situations in pediatrics. **Unable to develop** patient-centred management plans to maintain health and prevent disease. **Unable to formulate** management plans and initiates treatment for neonatal and pediatric conditions. **Fails to demonstrate** good decision making and ability to modify management plan. **Fails to recognise** timely consultation during management.	**Correlating** the laboratory data, imaging studies with underlying pathology **Performs** the initial assessment, formulates a differential diagnosis, and initiates treatment for common pediatric and neonatal disorders **Recognise** complications and formulate initial management plan **Interpretation** of specially performed laboratory data, imaging studies. Correlating specially performed laboratory data, imaging studies with underlying pathology **Formulates** management plans and initiates treatment for uncommon situations in pediatrics. **Develops** patient-centred management plans to maintain health and prevent disease. **Formulates** management plans and initiates treatment for neonatal and pediatric conditions. **Demonstrates** good decision making and ability to modify management plan. **Recognizes** timely consultation during management.

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

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

	Fails to analyze his or her own outcomes as compared to national standards **Fails to design** a hypothesis-driven or hypothesis-generating study **Fails to contribute** to peer-reviewed medical literature	as compared to national standards **Designs** a hypothesis-driven or hypothesis- generating study **Contributes** to peer-reviewed medical literature
PBLI 2.3	**Fails to show** commitment to self-evaluation, lifelong learning, and patient safety **Fails to demonstrate** understanding of the basic concepts of QI **Fails to read** appropriate information, **Fails to Understand** level of evidence for patient care recommendations **Fails to reference and utilize** national standards or guidelines in patient care plans. **Fails to identify** quality of care issues within one's own practice with a systems- based approach	**Shows** commitment to self-evaluation, lifelong learning, and patient safety **Demonstrates** understanding of the basic concepts of QI **Reads** appropriate information, **Understands** level of evidence for patient care recommendations **References and utilizes** national standards or guidelines in patient care plans. **Identifies** quality of care issues within one's own practice with a systems- based approach

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

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

EPA		Program outcomes									Domains and levels of competency
10	Collaborate as a member of an interprofessional team							7			ICS2.4/SBP1.2/P2.2
11	Form clinical questions and retrieve evidence to advance patient care								8		MK1.2, 2.2/PBLI1.2
12	Breaking the bad news	1	2	3	4						ICS 1.4/P 1.3
13	Clinical demonstration classes for undergraduates	1	2	3	4						MK 1.3,2.3, 3.3, 4.3/PC 1.2/ICS 1.3/P 1.2
Pediatrics											
14	Performing general medical procedures	1	2			5				9	MK 1.3, 2.3/PC 1.3, 2.3/ICS 1.3/PBL 2.3/SBP 1.3/P 1.3
15	Performing minor surgical procedures	1	2			5				9	MK1.3, 2.3/PC 1.3, 2.3/ICS 1.3/SBP 1.3/PBLI 2.3/P 1.3
16	Identifying organ dysfunction and taking remedial measures	1	2			5				9	MK 1.4, MK 2.4, MK 3.3/PC 1.3, PC 2.3, PC 3.3, PC 4.3, PC 5.2, PC 6.2/ICS 1.3, ICS 2.2, ICS 3.3/SBP 1.3, SBP 2.3PBL 1.3, 2.1/P 1.2, P2.2
17	Assessing the Growth and nutritional status of children	1									MK1.1, 4.2/PC 1.3/ICS 1.2, 2.2/P1.2, 2.2
18	Assessing the Development status of children	1	2			5				9	MK1.1,MK 4.2/PC 5.2/ICS1.2, ICS 2.2/P1.2, P 2.1
19	Advising parents regarding growth and development of a child	1	2			5				9	MK 1.1, 3.3, 4.3/PC1.3 /ICS1.3/SBP 2.4/P 1.3
20	Attending delivery of a newborn, and breast feeding Counselling	1	2							9	MK5.3/PC2.2/ICS1.3, 2.2,3.3/SBP1.3/PBLI2.3/ P1.3
21	Resuscitation of a sick newborn	1	2							9	MK 1.3, MK 2.3, MK 5.4/PC1.3, 2.3,3.4, 4.3/ICS1.3, 2.2/PBLI 2.3/P1.3
22	Assessment and management plan of common neonatal problems	1	2							9	MK1.2,1.3,1.4/PC2.2,2.3,2.4,3.2,3.3,3.4,4.2,4.3/ICS1 .3/ SBP1.3,2.3/PBLI2.3
23	Counselling the mother of a neonate getting discharged	1	2			5				9	MK1.3,2.4,3.3,3.4/PC 1.1,1.3,4.2,6.3/ICS 1.2,1.3,2.3/PBLI2.3

EPA		Program outcomes									Domains and levels of competency
24	Counselling the parents of a sick child	1	2			5				9	MK1.3,2.3/PC1.3,6.3/ICS1.3/PBLI2.3/P1.3
25	Assessing the need for oxygen and choosing the suitable mode of delivery	1	2			5				9	MK1.3,2.3/PC2.3,6.3/ICS1.3,3.3/SBP1.3,2.3/ PBLI2.3/P1.3
26	Knowledge about mechanical ventilation (setting, choosing appropriate mode, and weaning)	1	2			5				9	MK1.3,2.3/PC2.3,6.3/ICS1.3,3.3/SBP1.3,2.3/ PBLI2.3/P1.3
27	Performing CPR in a child	1	2			5				9	MK1.3,2.3/PC2.2,6.2/ICS1.4,3.3/SBP1.3,2.3/ PBLI2.3/P1.3
28	Practice of universal precautions	1	2			5				9	MK4.3 PBLI 1.2
29	Prevention of Hospital acquired infections (Hand hygiene, etc)	1	2			5				9	MK 4.3/PC 5.4/ICS 1.2/ICS 2.3
	Research Methodology										
30	Should be able to write a scientific protocol for clinical research	1	2			5				9	MK 4.3/ICS 3.1/SBP 2.2/PBLI 1.3,2.2
31	Reporting and communication of scientific research	1	2			5				9	MK 4.5/PC 3.4/ICS 2.3, 3.3/SBP 2.3/PBLI 1.5,2.3

Assessment & Evaluation:

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

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

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

8.2 Summative Assessment:

Eligibility for appearing in the final university exam

- Attendance : 80 % in each year
- Internal Assessment (100 marks): 70% score in entire 3 years assessed as followed:
- E-portfolio: 10 marks
- OSCE: 30 marks
- Clinical assessment at ward Faculty feedback: 20 marks
- Academics presentation Faculty feedback: 20 marks
- Thesis : 10 marks
- Student Enrichment activities: 10 marks
- 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. Thesis

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

2. Theory Examination:
There should be four theory papers, as given below:

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

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

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

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

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

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

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

9. Blue print of Weight of the system

Paper I: Applied basic medical sciences related to Pediatrics

Sl. No.	Discipline	Topics	Weightage	Marks Allotted	No. of Question
1	Anatomy	Embryogenesis, applied anatomy	20%	20	2
2	Biochemistry	Normal biochemical pathways. Inborn errors of metabolism, Nutrition.	10%	10	1
3	Physiology	Fetal and neonatal circulation; regulation of temperature, blood pressure, acid base balance, fluid electrolyte balance and calcium metabolism.	10%	10	1
4	Pharmacology	Pharmacokinetics of common drugs, microbial agents and their epidemiology	10%	10	1
5	Microbiology	Common infections and their laboratory diagnosis. Immunological tests related to Pediatrics	20%	20	2
6	Pathology	Hematology, basic immunology	20%	20	2
7	Genetics	Medical genetics	10%	10	1
8	Biostatistics	biostatistics, clinical epidemiology	10%	10	1

Paper II: Newborn and Community Pediatrics

Sl. No.	Section	Topics	Weightage	Marks Allotted	No. of Questions
1	Neonatology	Preventive neonatology Neonatal emergencies Diseases of newborn	**30%**	**30**	**3**
2	Growth and development	Growth and its related issues Development and behavioural Pediatrics	**20%**	**20**	**2**
3	Nutrition	Protein energy malnutrition, Breast feeding, IYCF, Vitamin and mineral deficiencies	**10%**	**10**	**1**
4	Infections	Bacterial infection Viral/fungal/protozoaninfection Immunization	**30%**	**30**	**3**
5	Community and social pediatrics	National health programs related to child health, Rights of the child	**10%**	**10**	**1**

Paper III: General Pediatrics and Pediatric subspecialty

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

Paper IV: Emergency Pediatrics, Critical care and Recent Advances

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

10. Model Question paper for MD Pediatrics Degree examination

Paper I: Applied basic medical sciences related to Pediatrics

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

1. Normal renal development and developmental abnormalities of renalsystem.
2. Regulation of respiration and Pulmonary function tests.
3. Digestion and metabolism of Fats with investigations for fat malabsorption.
4. (a)Biochemical tests in diagnosis of Wilson's disease

(b) Metabolic alkalosis

5. Pathophysiology of septic shock
6. (a) Cephalosporins

(b) Antimalarial prophylaxis

7. Life cycle of tenia solium and its clinical significance
8. (a) Chronic granulomatous disease

(b) Adverse reactions to vaccines

9. (a) FISH

(b) Modes of genetic inheritance

10. (a) Histopathology of Hodgkin's lymphoma

(b) Etiopathogenesis of Protein energy malnutrition

Model Question paper for MD Pediatrics Degree examination

Paper 2: Newborn and Community Pediatrics

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

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

Model Question paper for MD Pediatrics Degree examination

Paper 3: General Pediatrics and Pediatric subspecialty

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

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

Model Question paper for MD Pediatrics Degree examination

Paper 4: Emergency Pediatrics, Critical care and Recent Advances

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

1. Discuss etiopathogenesis, staging, clinical features and recent advances in management of retinopathy of prematurity

2. Write short notes on
   (a) ECMO
   (b) Imaging studies in urinary tract infections

3. Discuss in detail on acute and long term management of various inborn errors of metabolism

4. (a)Management of nocturnal enuresis
   (b)Autoimmune encephalitis

5. 4 yr old boy is b/w sudden incessant cry with associated intense sweating. O/E-cold peripheries+, priapism+. CVS- S3 gallop+. RS- basal creps+. What is the diagnosis and how will you manage?
6. Role of Gene therapy in Pediatrics
7. What is refractory status epilepticus? Outline the investigative approach and management of a child with refractory status epilepticus.
8. A nine day old neonate is brought to you with vomiting episodes. Also there are concerns of inability to determine the gender of the child. On examination, child looks dehydrated. Outline the approach to diagnosis and management of this child.
9. (a)CPAP in neonates
   (b) Pain management in children
10. (a)Salicylate poisoning
    (b)Antimalarial drugs

11. Recommended Reference Books

Student should refer to the most recent editions of recommended books

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

Growth and development

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

Nutrition

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

Infectious diseases

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

Emergency and Intensive care

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

Neonatology

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

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

Neurology

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

Cardiology

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

Gastroenterology

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

Endocrinology

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

Nephrology

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

Hematology & Oncology

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

Rheumatology

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

Respiratory Medicine

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

Journals in Pediatrics & Other Periodicals

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

12. Annexures

Annexure-1: Entrustable Professional Activities Assessment

Department of Pediatrics

Entrustable Professional Activities Assessment Form MD Pediatrics

Name of the Resident: UNI No:

Levels of competence:

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

First year of the residency

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

12	Breaking the bad news						
13	Clinical demonstration classes for undergraduates						
	Signature of the resident						
	Signature of the faculty						
	Signature of the HOD						

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

	Signature of the resident				
	Signature faculty				
	Signature of the HOD				

Second year of the residency

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

31	Reporting and communication of scientific research				
Signature of the resident					
Signature faculty					
Signature of the HOD					

Third year of the residency

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

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

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

Name of the PG Student: .... UNI No: .....

Period of TrainingFROM.....TO.....

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

Publications Yes/ No
Remarks* _____

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

SIGNATURE OF ASSESSEE

SIGNATURE OF CONSULTANT **SIGNATURE OF HOD**

Annexure 3: Multisource feedback Sri Balaji Vidyapeeth

Department of Pediatrics

Evaluation Sheet For Postgraduate Clinical Work

(To be completed by respective Unit Head)

Name of the Resident: .....UIN No.: ……
Name of the Faculty: .....Date:……

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

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

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

Name of the Resident: …….. UIN No.:…….

Name of the Respondent: …….

Date:……

……

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

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

(To be completed by Patient/Relative)

Name of the Resident: …… UIN No.: …….

Name of the Respondent: …… Date:……

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

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

(To be completed by Peer)

Name of the Resident: ……. UIN No.:…….

Name of the Respondent: …… Date:……

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

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

Name of the Resident: ……UIN No.: …….

Name of the Faculty : …… Date: …….

Designation : ……

No. of Mini-CEX Observed:	0	1	2	3	4	5-9	>9

Clinical setting	OPD	IP	A&E

New / Follow up:

Clinicalproblem:_____

Complexity of the case:	Low	Avg.	High

No. of times patient seen by the student :	0	1	2	3	4	5-9	>9

	Below expectation	Borderline	Meet expectation	Above expectation	Not observed
History taking skill					
Physical examination skill					
Communication skill					
Clinical judgement					
Professionalism					
Organisational efficiency					
Overall clinical care					
Any thing good:			Suggestions for improvement:		
Agreed upon action:					
Signature of the resident			Signature of the Assessor		

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

(To be marked individually by each faculty)

Name of the Resident: ……. UIN No.: …….

Name of the Faculty: …… Date: …….

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

Annexure 6: Feedback for Seminar

Sri Balaji Vidyapeeth

Department of Pediatrics

Evaluation Sheet For Postgraduate Seminar

(To be marked individually by each faculty)

Name of the Resident: ……. UIN No.: ……

Name of the Faculty: …… Date: ……

S. No.	Criteria to be assessed	Score		
		Below par (1)	At par (2)	Above par (3)
1	Introduction of subject and its importance / Objectives			
2	Completeness of presentation			
3	Cogency of presentation			
4	Consulted all relevant literature			
5	Use of audio-visual aids			
6	Understanding of subject			
7	Summary and take home message			
8	Cites appropriate references / suggests further reading			
9	Time management			
10	Overall performance – relevant answers to questions, attitude during presentation and confidence			
		Total score:		
1	General Comments:			
2	Highlights in performance (strengths)			
3	Possible suggested areas for improvement (weakness)			
	Signature:			

Annexure 7: Feedback for Case presentation Sri Balaji Vidyapeeth
Department of Pediatrics
Evaluation Sheet For Postgraduate Case Presentation

(To be marked individually by each faculty)

Name of the Resident: ……. UIN No.:……

Name of the Faculty: …… Date:

……..

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