

# **SRI BALAJI VIDYAPEETH**

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

Pillaiyarkuppam, Puducherry – 607 402

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



**COMPETENCY BASED POSTGRADUATE CURRICULUM  
M.D. GENERAL MEDICINE**

**2021**

## **Preface**

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

**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**

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 NMC 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 and is used in this document. The sub-competency and their milestone levels are mapped into the entrustable professional activities(EPA) that are specific to the individual postgraduate program. While doing all this, the syllabus prescribed by NMC is fully incorporated into the curriculum. To make the program more relevant, PEO, PO, CO and EPAs are mapped with each other. EPAs which are activity based are used for formative assessment and graded. EPA assessment is based on workplace based assessment (WPBA), multisource feedback (MSF) and eportfolio. A great emphasis is given on monitoring the progress in acquisition of knowledge, skill and attitude through various appraisal forms including e-portfolios during three years of residency period.

Prof. M. Ravishankar  
Director eLearning,  
I/C refining CoBaLT

Prof. Seetesh Ghose  
Dean I/C, MGMCRI  
Prof. Sugumaran Annamalai  
Dean, SSSMCRI

## Foreword

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

Dr. Mohamed Hanifah  
Prof and Head  
Dept. of General Medicine  
MGMCRI, SBV

**Dr.HOD NAME**  
Prof & Head,  
Dept. of General Medicine  
SSSMCRI, SBV

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

### Board of studies for MD General Medicine

Sl. No.	Name and Designation	Membership	Affiliated University
1	<b>Dr. Mohamed Hanifah</b> Prof & Head, Department of General Medicine, MGMCRI	Chairman	Sri Balaji Vidyapeeth
2	<b>Dr. Badrinath</b> Professor, Department of General Medicine, Sri Manakula Vinayagar Medical College Hospital	External Expert	Pondicherry University
3	<b>Dr. Vigneshwaran</b> Professor, Department of General Medicine, Chettinad Medical College.	External Expert	Chettinad Academy of Research & Education
4	<b>Dr. Nasreen Begum</b> Prof & Head, Department of General Medicine, SSSMCRI	Internal Expert	Sri Balaji Vidyapeeth
5	<b>Dr. Chenthil K.S,</b> Professor of General Medicine, MGMCRI.	Internal Expert	Sri Balaji Vidyapeeth
6	<b>Dr. Siva Ranganathan Green</b> Professor of General Medicine, MGMCRI.	Internal Expert	Sri Balaji Vidyapeeth
7	<b>Dr. Tumbanatham,</b> Professor of General Medicine, MGMCRI.	Internal Expert	Sri Balaji Vidyapeeth
8.	<b>Dr. Senthil Kumar,</b> Associate Professor of General Medicine, SSMCRI	Internal Expert	Sri Balaji Vidyapeeth
9.	<b>Dr. Prasanna Venkatesh,</b> Assistant Professor of General Medicine, MGMCRI	Curriculum Coordinator/ Alumni	Sri Balaji Vidyapeeth
10.	<b>Dr. Siddharth P</b> Assistant Professor of General Medicine, MGMCRI	Internal Expert/Alumni	Sri Balaji Vidyapeeth
11.	<b>Dr. Mithun Chandar,</b> Assistant Professor of General Medicine, SSMCRI	Internal Expert	Sri Balaji Vidyapeeth

## **List of Abbreviations and Acronyms**

- PEO - Programme Education Outcome
- PO - Programme Outcome
- CO - Course Outcome
- MK - Medical Knowledge
- PC/PS - Patient Care / Procedural skill
- IPCS - Interpersonal Communication Skills
- P - Professionalism
- PBLI - Practice Based Learning and Implementation
- SBPI - System Based Practice and Implementation

## Table of Contents

1. Preamble .....	1
2. Program Educational Objectives (PEO) .....	2
3. Program Outcome (PO) .....	3
4. Course and Course Objectives (CO) .....	4
4.1 Course 1 (C1): Applied Basic Medical Sciences .....	4
4.2 Course 2 (C2): General Medicine including Pediatrics, Dermatology & Psychiatry .....	4
4.3 Course 3 (C3): Tropical Medicine, Environmental Medicine and Nutritional disorders .....	4
4.4 Course 4 (C4): Geriatrics & Recent advances in Medicine .....	5
5. Competencies, Sub-Competencies and Milestones .....	6
6. Syllabus .....	22
7. Teaching and Learning Methods .....	27
8. Assessment .....	30
9. Blueprint of Theory Exam paper .....	126
10. Model Question Paper .....	129
11. Recommended Reading .....	132
Annexures .....	134

**Sri Balaji VidyapeethUniversity**  
**Department of General Medicine**  
**Post - Graduate Program**

**1. Preamble**

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

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



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

- PEO1:** Specialist who can provide comprehensive care related to General Medicine over and above the physician of first contact.
- PEO2:** Leader and team member who understand health care system and act to provide safe patient care with accountability and responsibility.
- PEO3:** Communicator possessing adequate communication skill to convey required information in an appropriate manner in various health care setting.
- PEO4:** Lifelong learner keen on updating oneself regarding the advancement in the health care field and able to perform the role of researcher and teacher
- PEO5:** Professional who understands and follows the principle of bio-ethics / ethics related to health care system.

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

After three years of residency program postgraduate should be able to

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

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

### **4.1 Course 1 (C1): Applied Basic Medical Sciences**

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

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

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

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

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

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

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

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

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

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

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

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

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

	PEO 1				PEO 2		PEO 3		PEO 4		PEO 5		
	PO1	PO2	PO3	PO4	PO5	PO6	PO7	PO8	PO9	PO10	PO11	PO12	PO13
<b>C1</b>	Y	Y		Y			Y	Y	Y				
<b>C2</b>	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
<b>C3</b>	Y	Y	Y	Y	Y	Y	Y			Y	Y	Y	Y
<b>C4</b>										Y	Y		Y

**Table1. Mapping of PEO, PO and CO**

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

## **5. Competencies, Sub-Competencies and Milestones**

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

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

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

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

**Table2. Description of Competencies, Sub-competencies and Milestone**

**Patient care (PC)**

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

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

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

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

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

**PC 3- Manages patients with progressive responsibility and independence.**

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

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

**PC 4- Skill in performing procedures**

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



				performance of procedures by junior members of the team
--	--	--	--	---

**PC 5- Requests and provides consultative care**

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

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

**MK 1- Clinical knowledge**

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

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

**MK2- Knowledge of diagnostic testing and procedures**

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

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

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

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

**SBP 2-Recognizes system error and advocates for system improvement**

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

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

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

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

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

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

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

**PBLI 1- Monitors practice with a goal for improvement**

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

**PBLI 2- Learns and improves via performance audit**

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

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

### PBLI 3- Learns and improves via feedback

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

### PBLI 4- Learns and improves at the point of care

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

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

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

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

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



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

**PROF 2- Accepts responsibility and follows through on tasks**

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

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

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

**PROF 4: Exhibits integrity and ethical behavior in professional conduct**

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

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

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

**ICS 1- Communicates effectively with patients and caregivers**

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

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

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

**ICS 3- Appropriate utilization and completion of health records**

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

## 6. Syllabus

### Basic Sciences

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

### General Medicine including Paediatrics, Psychiatry & Dermatology

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

- Disorders of ventilation
- Asthma
- Congenital Obstructive Pulmonary Disease (COPD)
- Pneumonia
- Pulmonary embolism
- Cystic fibrosis
- Obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum
- Nephrology:
  - Approach to the patient with renal diseases
  - Acid-base disorders
  - Acute kidney injury
  - Chronic kidney disease
  - Tubulo-interstitial diseases
  - Nephrolithiasis
  - Diabetes and the kidney
  - Obstructive uropathy and treatment of irreversible renal failure
- Gastro-intestinal diseases:
  - Approach to the patient with gastrointestinal diseases
  - Gastrointestinal endoscopy
  - Motility disorders
  - Diseases of the oesophagus
  - Acid peptic disease
  - Functional gastrointestinal disorders
  - Diarrhea
  - Irritable bowel syndrome
- Diseases of the liver and gall bladder:
  - Approach to the patient with liver disease
  - Acute viral hepatitis
  - Chronic hepatitis
  - Alcoholic and non-alcoholic steatohepatitis
  - Cirrhosis and its sequelae
  - Hepatic failure and liver transplantation
  - Diseases of the gall bladder and bile ducts
- Metabolic diseases - inborn errors of metabolism and disorders of metabolism.
- Endocrine - principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.
- Rheumatic diseases:
  - Approach to the patient with rheumatic diseases
  - Osteoarthritis
  - Rheumatoid arthritis
  - Spondyloarthropathies
  - Systemic lupus erythematosus (SLE)

- Polymyalgia
- Rheumatic fibromyalgia and Amyloidosis
- Neurology -
  - Approach to the patient with neurologic disease, headache, seizure disorders and epilepsy, coma
  - Disorders of sleep
  - Cerebrovascular diseases
  - Parkinson's disease and other movement disorders
  - Motor neuron disease
  - Meningitis and encephalitis
  - Peripheral neuropathies
  - Muscle diseases
  - Diseases of neuromuscular transmission and autonomic disorders and their management.
  - Multiple Sclerosis
  - Brain Trauma & Polytrauma
- Psychiatry
  - Anxiety disorders
  - Mood disorders
  - Somatoform disorders
  - Psychotic disorders & Schizophrenia
  - Delirium, Dementia & other cognitive disorders
  - Substance abuse/ Drug abuse
  - Psychiatric emergencies
  - Psychotherapy
- Dermatology:
  - Structure and functions of skin
  - Infections of skin
  - Papulo-squamous and inflammatory skin rashes
  - Photo-dermatology
  - Erythroderma
  - Cutaneous manifestations of systematic diseases
  - Bullous diseases
  - Drug induced rashes
  - Disorders of hair and nails
  - Principles of topical therapy
  - Skin manifestations of internal malignancy
  - Skin malignancies

## **Tropical Medicine, Environmental & Nutritional diseases**

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

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

## **Geriatrics & Recent Advances**

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



- Paraneoplastic syndromes and endocrine manifestations of tumours
- Leukemias and lymphomas
- Cancers of various organ systems and cancer chemotherapy
- Medical Statistics
- Recent Guidelines & Trials
- Critical Care Medicine :
  - Respiratory Failure
  - ARDS
  - Shock
  - Cardiac arrest
  - Pulmonary edema
  - Sudden Cardiac Death
  - Coma
  - Hypoxic Ischemic Encephalopathy

## 7. Teaching and Learning Methods

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

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

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

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

- Intradepartmental and interdepartmental conferences related to case discussions.
- Ward rounds along with emergency admissions.
- Attendance at sub-specialty and symptom specific clinics
- External rotation postings in departments like cardiology, neurology and other subspecialties
- Skills training
- Conferences, Seminars, Continuing Medical Education (CME) Programmes.
- Journal Club
- Research Presentation and review of research work.
- A postgraduate student of a postgraduate degree course in broad specialties/super-specialties would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

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

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

### **Illustration of Structured Training**

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

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

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

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

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

#### **Speciality postings:**

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

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

## 8. Assessment

### Formative Assessment:

Formative assessment is continual and assesses medical knowledge, patient care, procedural & academic skills, interpersonal communication skills, system based practice, self-directed learning and professionalism of the activities mentioned every 3/6 monthly. EPAs are listed as bellow (**Table 3**) with description of each EPA (**Table 4**). These EPAs are also mapped with PO and CO. (**Table 5**)

### List the of Entrustable Professional Activity

Table3. List the of Entrustable Professional Activity

NO	GENERAL
1	Gathering a history and performing physical examination
2	Prioritizing a differential diagnosis following a clinical encounter
3	Recommending and interpreting common screening and diagnostic tests and data
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients
5	Documenting a clinical encounter in patient records
6	Provide an oral presentation of a clinical encounter
7	Recognize a patient requiring urgent or emergency care and initiate evaluation and management
8	Give or receive a patient handover to transfer care responsibility
9	Obtain informed consent for tests and/or procedures
10	Collaborate as a member of an inter-professional team
11	Form clinical questions and retrieve evidence to advance patient care
	<b>Applied Basic Sciences</b>
12	Applied aspects of cardiovascular system
13	Applied aspects of Respiratory system
14	Applied aspects of Central Nervous system
15	Applied aspects of Gastrointestinal and hepatobiliary system
16	Applied aspects of Endocrine and Reproductive System
17	Applied aspects of Nephrology

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

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

<b>EPA 1: Gathering a history and performing physical examination</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management.
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3,5.3 MK 1.3 PBLI 1.3,2.3,3.3,4.3 PROF 3.3 ICS 3.3</b>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multi-source feedback a. Patient b. Nurses c. Health care workers d. Peers

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problems</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>

<p><b>PC-5</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<p><b>MK-1</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socio economic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<p><b>PBLI 1</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Unwilling</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Not concerned</b> with opportunities for learning and self-improvement</li> <li>✓ <b>Unable</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Misses opportunities</b> for learning and self-Improvement</li> <li>✓ <b>Inconsistently</b> self-reflects upon one's practice or performance and inconsistently acts upon those reflections</li> <li>✓ <b>Inconsistently</b> acts upon opportunities for learning and self-improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Regularly self-reflects</b> upon one's practice or performance and consistently acts upon those reflections to improve practice</li> <li>✓ <b>Recognizes</b> sub-optimal practice or performance as an opportunity for learning and self-improvement</li> <li>✓ <b>Actively engages</b> in self-improvement efforts and reflects upon the experience</li> </ul>
<p><b>PBLI 2</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement&amp;<b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a</li> </ul>



	<ul style="list-style-type: none"> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</li> </ul>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits /<b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender, race, age and religion</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age</li> </ul>

	<p>in the patient/ caregiver encounter</p> <ul style="list-style-type: none"> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient's unique characteristics and needs</li> </ul>	<p>and religion in the patient/caregiver encounter</p> <ul style="list-style-type: none"> <li>✓ <b>Modifies</b> care plan to account for a patient's unique characteristics and needs with success</li> </ul>
<b>ICS-3</b>	<ul style="list-style-type: none"> <li>✓ Health records are <b>absent or missing</b> significant portions of important clinical data</li> <li>✓ Health records are <b>disorganized and inaccurate</b></li> <li>✓ Health records are organized and accurate but are <b>superficial and miss key data</b> or <b>fail</b> to communicate clinical reasoning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health records are <b>organized, accurate, comprehensive, and effectively</b> communicate clinical reasoning</li> <li>✓ Health records are <b>succinct, relevant, and patient specific</b></li> </ul>

<b>EPA 2: Prioritizing a differential diagnosis following a clinical encounter</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3 MK 1.3 PBLI 1.3, 2.3, 3.3, 4.3 PROF 3.3</b>
<b>Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical</li> </ul>

	<p>generate own database or differential diagnosis</p> <ul style="list-style-type: none"> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<p>problem(s)</p> <ul style="list-style-type: none"> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Unwilling</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Not concerned</b> with opportunities for learning and self-improvement</li> <li>✓ <b>Unable</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Misses opportunities</b> for learning and self-improvement</li> <li>✓ <b>Inconsistently</b> self-reflects upon one's practice or performance and inconsistently acts upon those reflections</li> <li>✓ <b>Inconsistently</b> acts upon opportunities for learning and self-improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Regularly selfreflects</b> upon one's practice or performance and consistently acts upon those reflections to improve practice</li> <li>✓ <b>Recognizes</b> sub-optimal practice or performance as an opportunity for learning and self-improvement</li> <li>✓ <b>Actively engages</b> in self-improvement efforts and reflects upon the experience</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles,</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of</li> </ul>

	techniques or importance of quality improvement	patients
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits /<b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well – formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender, race, age, and religion in the patient/ caregiver encounter</li> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient’s unique characteristics and needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>✓ <b>Modifies</b> care plan to account for a patient’s unique characteristics and needs with success</li> </ul>

<b>EPA 3: Recommending and interpreting common diagnostic and screening tests</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles considering the patient's economic status as one approach a patient in any setting.
<b>Most relevant domains of competence:</b>	<b>PC, MK, SBP, PBLI, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3,4.3 MK 2.3 SBP 1.3 PBLI 3.3 ICS 1.3, 2.3</b>
<b>Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC -1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems, potentially lifethreatening problems and develops limited differentialdiagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problems</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for furtherdiagnostictesting</li> </ul>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Willing to perform</b> procedures</li> </ul>

	<p>procedures when qualified and necessary for patient care</p> <ul style="list-style-type: none"> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<p>when qualified and necessary for patient care</p> <ul style="list-style-type: none"> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing &amp; procedures for patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures.</li> </ul>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as sources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits /<b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates</li> </ul>

	<p>feedback</p> <ul style="list-style-type: none"> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<p>feedback</p>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationship with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision on making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective</b> collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, nonverbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, nonverbal and written communication consistently acts to <b>facilitate</b> collaboration with the team to enhance patient care</li> </ul>

<b>EPA 4:</b> Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	
<b>1. Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to prescribe therapies or interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily the entire patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).
<b>2. Most relevant domains of competence:</b>	<b>PC, ICS, PROF</b>
<b>3. Competencies within each domain critical to entrustment decisions:</b>	<b>PC 2.3 ICS 1.3 PROF 1.3</b>
<b>4. Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC 2</b>	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not</b> react to situations that require urgent or emergent care</li> <li>✓ <b>Does not</b> seek additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consistently develops <b>appropriate</b> care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ Seeks additional guidance and/or consultation <b>as appropriate</b></li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the interprofessional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients,</li> </ul>



	<ul style="list-style-type: none"> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<p>caregivers and members of the interprofessional team to ensure safe and effective care</p> <ul style="list-style-type: none"> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>

<b>EPA 5: Documenting a clinical encounter in patient records</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical 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).
<b>Most relevant domains of competence:</b>	<b>PC, ICS</b>

<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3</b> <b>ICS 3.3</b>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC -1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>ICS-3</b>	<ul style="list-style-type: none"> <li>✓ Health records are <b>absent or missing</b> significant portions of important clinical data</li> <li>✓ Health records are <b>disorganized and inaccurate</b></li> <li>✓ Health records are organized and accurate but are <b>superficial and miss key</b> data or <b>fail</b> to communicate clinical reasoning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health records are <b>organized, accurate</b> comprehensive, and <b>effectively</b> communicate clinical reasoning</li> <li>✓ Health records are <b>succinct, relevant, and patient specific</b></li> </ul>

<b>EPA 6: Provide an oral presentation of a clinical encounter</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.
<b>Most relevant domains of competence:</b>	<b>PC, MK, SBP, PROF, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 5.3 MK 1.3 SBP 1.3 PROF 1.3 ICS 2.3</b>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC-5</b>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care.</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>

	behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as resources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other interprofessional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies that <b>hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or nonverbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, nonverbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, nonverbal and written communication <b>consistently acts</b> to facilitate collaboration with the team to enhance patient care</li> </ul>
<b>PROF 1</b>	✓ <b>Lacks empathy</b> and	✓ <b>Consistently</b> respectful in

	<p>compassion for patients and caregivers</p> <ul style="list-style-type: none"> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the interprofessional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<p>interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</p> <ul style="list-style-type: none"> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
--	--	--

<p><b>EPA 7: Recognize a patient requiring urgent or emergency care and initiate evaluation and management</b></p>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.</p>
<p><b>Most relevant domains of competence:</b></p>	<p><b>PC, MK, PBLI, PROF, ICD</b></p>
<p><b>Competencies within each domain critical to entrustment decisions:</b></p>	<p><b>PC 1.3,2.3,3.3,5.3</b>  <b>MK 1.3</b>  <b>PBLI 4.3</b>  <b>PROF 3.3</b>  <b>ICS 1.3</b></p>
<p><b>Methods of assessment</b></p>	<p>Written exam (Every 6 months)  Workplace assessment by Faculty  Multi-source feedback</p> <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

Competency	Pre- entrustable	Entrustable
PC -1	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
PC 2	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not</b> react to situations that require urgent or emergent care</li> <li>✓ <b>Does not seek</b> additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> develops appropriate care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as <b>appropriate</b></li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
PC 3	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who require urgent or emergent care</li> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive care and chronic disease management in the ambulatory setting</li> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient settings.</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b></li> </ul>

	<p>with straightforward diagnoses</p> <ul style="list-style-type: none"> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<p>and/or consultation as appropriate</p> <ul style="list-style-type: none"> <li>✓ <b>Appropriately</b> manages situations requiring urgent or emergent care</li> </ul>
<b>PC-5</b>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant Services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> </ul>

	<p>literature</p> <ul style="list-style-type: none"> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender race, age, and religion in the patient/ caregiver encounter</li> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient’s unique characteristics and needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>✓ <b>Modifies</b> care plan to account for a patient’s unique characteristics and needs with success</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>



<b>EPA 8: Give or receive a patient handover to transfer care responsibility</b>	
<b>Description of the activity:</b> 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 transfers of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).
<b>Most relevant domains of competence:</b>	<b>SBP,ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>SBP 1.3, 4.3 ICS 2.3</b>
<b>Methods of assessment</b>	<ol style="list-style-type: none"> <li>1. Written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> <li>3. Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team member with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as resources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>

	when required but <b>does not actively seek</b> input from other team members	
<b>SBP 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> need for communication at time of transfer</li> <li>✓ <b>Does not respond</b> to requests of caregivers in other delivery systems</li> <li>✓ <b>Inconsistently</b> utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems</li> <li>✓ Written and verbal care plans during times of transfer are <b>incomplete or absent</b></li> <li>✓ <b>Inefficient transfers</b> of care lead to unnecessary expense or risk to a patient</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Recognizes</b> the importance of communication during times of transfer</li> <li>✓ Communication with future caregivers is present but with lapses in pertinent or timely information</li> <li>✓ <b>Appropriately</b> utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems</li> <li>✓ <b>Proactively</b> communicates with past and future care givers to ensure continuity of care</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies that <b>hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts</b> to facilitate collaboration with the team to enhance patient care</li> </ul>

<b>EPA 9: Obtain informed consent for tests and/or procedures</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to perform patient care interventions that require informed consent for interventions, tests, or procedures they order or perform, but should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.
<b>Most relevant domains of competence:</b>	<b>PC, MK, ICS, SBP. PBLI</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 4.3 MK2.3 SBP3.3, PBLI3.3 ICS 1.3</b>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi source feedback a. Patient b. Nurses c. Health care workers d. Peers

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not</b> attempts to perform procedures <b>without</b> sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures with sufficient technical skill or supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pretest probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>

<p><b>SBP 3</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> cost issues in the provision of care</li> <li>✓ Demonstrates <b>no effort</b> to overcome barriers to cost-effective care</li> <li>✓ <b>Lacks</b> awareness of external factors (e.g. socioeconomic, cultural, literacy insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers suppliers, financers, purchasers) have on the cost of care</li> <li>✓ <b>Does not</b> consider limited health care resources when ordering diagnostic or therapeutic interventions</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Recognizes</b> that external factors influence a patient’s utilization of health care and may act as barriers to cost-effective care</li> <li>✓ <b>Minimizes</b> unnecessary diagnostic and therapeutic tests</li> <li>✓ <b>Possesses</b> a complete understanding of cost awareness principles for a population of patients (e.g. screening tests)</li> </ul>
<p><b>PBLI 3</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits /<b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<p><b>ICS-1</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>

<b>EPA 10:</b> Collaborate as a member of an inter professional team	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.
<b>Most relevant domains of competence:</b>	<b>SBP, PROF, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>SBP 1.3 PROF 2.3 ICS 2.3</b>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>EPA 11:</b> Form clinical questions and retrieve evidence to advance patient care	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to 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.
<b>Most relevant domains of competence:</b>	<b>PC, MK, ICS, PROF</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3 MK 1.3 ICS 1.3 PROF 1.3</b>
<b>Methods of assessment</b>	Written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

Competency	Pre- entrustable	Entrustable
PC -1	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems,potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
MK-1	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
ICS-1	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a</li> </ul>

	<p><b>unsuccessful</b></p> <ul style="list-style-type: none"> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<p>therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</p>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the interprofessional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>

<b>EPA 12: Applied aspects of cardiovascular system</b>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of cardiovascular diseases like; <ul style="list-style-type: none"> <li>○ Congenital heart diseases and</li> <li>○ Acquired heart diseases</li> </ul> </li> <li>• To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities</li> <li>• Identify clear indication of drugs used in heart diseases, their Adverse effects and Serious Adverse events</li> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> </ul>
<p><b>Most relevant domains of competence:</b></p>	<p><b>PC, MK, PBLI, PROF</b></p>
<p><b>Competencies within each domain critical to entrustment decisions:</b></p>	<p><b>PC 1.3</b> <b>MK 1.3</b> <b>PBLI 2.3,3.3</b> <b>PROF 1.3</b></p>
<p><b>Methods of assessment</b></p>	<ol style="list-style-type: none"> <li>1. Periodic written exam (Every 6 months)</li> <li>2. Workplace assessment by Faculty</li> </ol>

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

Competency	Pre entrustable	Entrustable
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles,</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of</li> </ul>



	techniques or importance of quality improvement	patients
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits /<b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>

<b>EPA 13: Applied aspects of Respiratory system</b>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Respiratory diseases like; <ul style="list-style-type: none"> <li>○ Airway disease</li> <li>○ Parenchymal diseases</li> <li>○ Pleural diseases</li> <li>○ Disorders of thoracic cage and respiratory centers.</li> </ul> </li> <li>• To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities of respiratory system</li> <li>• Identify clear indication of drugs used in respiratory diseases, their Adverse effects and Serious Adverse events</li> </ul>

	<ul style="list-style-type: none"> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3 MK 1.3 PBLI 2.3,3.3 PROF 1.3</b>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 2</b>	✓ <b>Disregards</b> own clinical	✓ <b>Analyzes</b> own clinical

	<p>performance data</p> <ul style="list-style-type: none"> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<p>performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</p> <ul style="list-style-type: none"> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</li> </ul>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits / <b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>

<b>EPA 14: Applied aspects of Central Nervous system</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Central, Peripheral and Autonomic Nervous system diseases like; <ul style="list-style-type: none"> <li>○ Congenital and developmental disorders of CNS</li> <li>○ Metabolic disorders affecting CNS, PNS and ANS</li> <li>○ Vascular, demyelinating and degenerative disorders</li> </ul> </li> <li>• To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities of CNS, PNS and ANS</li> <li>• Identify clear indication of drugs used in disorders of nervous system, their Adverse effects and Serious Adverse events</li> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3, MK 1.3, PBLI 2.3,3.3,PROF 1.3</b>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problem potentially life threatening</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>

	problems and develops limited differential diagnoses	
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</li> </ul>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits / <b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and</li> </ul>

	<p>empathy, compassion and respect for patients and caregivers</p> <p>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</p>	<p>autonomy in all interactions</p>
--	--	-------------------------------------

<b>EPA 15: Applied aspects of Gastrointestinal and hepatobiliary system</b>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of gastrointestinal and hepatobiliary disorders like ; <ul style="list-style-type: none"> <li>○ Disorders of gastric motility</li> <li>○ Acid peptic disorder</li> <li>○ Mal-absorption syndrome</li> <li>○ Diverticulosis</li> <li>○ Congenital disorders associated with bilirubin metabolism</li> <li>○ Interpretation of Liver function test</li> </ul> </li> <li>• To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities</li> <li>• Identify clear indication of drugs used, their Adverse effects and Serious Adverse events</li> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> </ul>
<p><b>Most relevant domains of competence:</b></p>	<p><b>PC, MK, PBLI, PROF</b></p>
<p><b>Competencies within each domain critical to entrustment decisions:</b></p>	<p><b>PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3</b></p>
<p><b>Methods of assessment</b></p>	<p>Periodic written exam (Every 6 months)  Workplace assessment by Faculty  Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol> </p>

Competency	Pre entrustable	Entrustable
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</li> </ul>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never solicits /Rarely seeks</b> feedback</li> <li>✓ <b>Actively resists</b> feedback from</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> </ul>

	<p>others</p> <ul style="list-style-type: none"> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>

<b>EPA 16: Applied aspects of Endocrine and Reproductive System</b>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of disorders of endocrine system like ; <ul style="list-style-type: none"> <li>○ Feedback regulation of hormone synthesis and inherited disorders of hormone synthesis, secretion and its action.</li> <li>○ Disorders of glucose regulation, Diabetes and related complications.</li> <li>○ Disorders of male and female reproductive system.</li> </ul> </li> <li>• To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities</li> <li>• Identify clear indication of drugs used, their Adverse effects and Serious Adverse events</li> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF</b>
<b>Competencies within each</b>	<b>PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3</b>



<b>domain critical to entrustment decisions:</b>	
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles</li> </ul>

	<p>performance data</p> <ul style="list-style-type: none"> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<p>and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</p>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits /<b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>

<b>EPA 17: Applied aspects of Nephrology</b>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Renal disorders like ; <ul style="list-style-type: none"> <li>○ Congenital renal disorders.</li> <li>○ Glomerular / tubule-interstitial/vascular disorders of kidney</li> <li>○ Interpret Renal function tests in various types of kidney diseases.</li> <li>○ Renal stone formation and underlying pathophysiology.</li> </ul> </li> <li>• To correlate complex clinical manifestations and clinical</li> </ul>

	<p>findings with their patho-physiological and or structural abnormalities</p> <ul style="list-style-type: none"> <li>• Identify clear indication of drugs used, their Adverse effects and Serious Adverse events</li> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3</b>
<b>Methods of assessment</b>	<p>Periodic written exam (Every 6 months)</p> <p>Workplace assessment by Faculty</p> <p>Multi-source feedback</p> <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical</li> </ul>

		conditions and comprehensive preventive care
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</li> </ul>
<b>PBLI 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Never</b> solicits / <b>Rarely</b> seeks feedback</li> <li>✓ Actively <b>resists</b> feedback from others</li> <li>✓ <b>Temporarily or superficially</b> adjusts performance based on feedback</li> <li>✓ <b>Inconsistently</b> incorporates feedback</li> <li>✓ Solicits feedback <b>only from</b> supervisors</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Responds</b> to unsolicited feedback in a defensive fashion</li> <li>✓ <b>Is open</b> to unsolicited Feedback</li> <li>✓ Solicits feedback from <b>all members</b> of the inter-professional team and patient</li> <li>✓ <b>Welcomes</b> unsolicited feedback</li> <li>✓ <b>Consistently</b> incorporates feedback</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>

<b>EPA 18:</b> Interview an adolescent, clinically examine, formulate differential diagnosis, management plan and effectively communicate with their parents / guardian.	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>• Understand diseases in children which are of relevance to General Medicine like;</li> <li>• Inborn disorders of Metabolism, Acute Rheumatic Fever, Reno-vascular diseases, allergic airway diseases, disorders of Immune system, Juvenile arthritis, Neuroinfections and Congenital disorders</li> <li>• Do a systematic examination of an adolescent, create a plan of evaluation, arrive at differential diagnosis, order relevant investigations and offer specific treatment plan.</li> <li>• Gain confidence of adolescent during the entire process of history taking, clinical examination and treatment.</li> <li>• Communicate effectively with parents in explaining the nature of adolescent's illness and offer them the available modalities of treatment. Also offer Genetic counselling in inherited disorders.</li> <li>• Identify clear indication of drugs and their weight adjustment in pediatric patients, their Adverse effects and Serious Adverse events</li> <li>• Understands and initiate the process of ADR reporting.</li> <li>• Present his observation colleagues, including senior clinicians</li> <li>• Maintain confidentiality of patient details with special reference to the genetic disorders.</li> </ul>
<b>Most relevant domains of competence:</b>	<ul style="list-style-type: none"> <li>• <b>PC, MK, SBP, PBLI, PROF, ICS</b></li> </ul>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>• <b>PC 1.3,2.3,3.3,5.3</b></li> <li>• <b>MK 1.3,2.3</b></li> <li>• <b>SBP 1.3</b></li> <li>• <b>PBLI 4.3</b></li> <li>• <b>PROF 1.3,3.3</b></li> <li>• <b>ICS 1.3,2.3</b></li> </ul>
Methods of assessment	Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

Competency	Pre- entrustable	Entrustable
PC-1	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
PC 2	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not react</b> to situations that require urgent or emergent care</li> <li>✓ <b>Does not</b> seek additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> develops appropriate care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
PC 3	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who require urgent or emergent care</li> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients with straightforward diagnoses</li> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive care and chronic disease management in the ambulatory setting</li> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient setting</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b> and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> manages situations requiring urgent or</li> </ul>

		emergent care
<b>PC-5</b>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant Services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> </ul>

	<p>how/when to utilize them as resources</p> <ul style="list-style-type: none"> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the</li> </ul>



	<ul style="list-style-type: none"> <li>✓ patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<p>interprofessional team to ensure safe and effective care</p> <ul style="list-style-type: none"> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</li> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient's unique characteristics and needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>✓ <b>Modifies</b> care plan to account for a patient's unique characteristics and needs with success</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies that <b>hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective</b> collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication consistently acts to <b>facilitate</b> collaboration with the team to enhance patient care</li> </ul>

	<ul style="list-style-type: none"> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	
--	--	--

<p><b>EPA 19:</b> Interview a patient with psychiatric disorder, clinically examine, formulate differential diagnosis, management plan and effectively communicate with the patient / guardian.</p>	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understand the normal and altered mental status with special reference to psychiatric manifestations due to organic illnesses.</li> <li>• Identify the manifestations of substance abuse and eating disorders.</li> <li>• Understanding of various scoring systems used in psychiatric disorders and its implications in treatment and follow-up.</li> <li>• Does a systematic examination of a psychiatric patient, create a plan of evaluation, and arrive at differential diagnosis, order relevant investigations and offer specific pharmacological and non-pharmacological treatment plan.</li> <li>• Identify relevant investigations in psychiatric patients with special reference to Neuroimaging and Electroencephalogram.</li> <li>• Gain confidence of patient during the entire process of history taking, clinical examination and treatment.</li> <li>• Communicate effectively with patient / parents/ legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.</li> <li>• Identifies clear indications of antipsychotic drugs, antidepressants, anti-anxiety drugs, anticonvulsants etc.</li> <li>• Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses while treating an associated medical condition to order a safe prescription.</li> <li>• Present his observation to colleagues, including senior clinicians</li> <li>• Maintain confidentiality of patient details.</li> </ul>
<p><b>Most relevant domains of competence:</b></p>	<ul style="list-style-type: none"> <li>• <b>PC, MK, SBP, PBLI, PROF, ICS</b></li> </ul>
<p><b>Competencies within each domain critical to</b></p>	<ul style="list-style-type: none"> <li>• <b>PC 1.3,2.3,3.3,5.3</b></li> <li>• <b>MK 1.3,2.3</b></li> </ul>

<b>entrustment decisions:</b>	<ul style="list-style-type: none"> <li>• <b>SBP 1.3</b></li> <li>• <b>PBLI 4.3</b></li> <li>• <b>PROF 1.3,3.3</b></li> <li>• <b>ICS 1.3,2.3</b></li> </ul>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to collect</b> accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>PC 2</b>	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not react</b> to situations that require urgent or emergent care</li> <li>✓ <b>Does not</b> seek additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> develops <b>appropriate</b> care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
<b>PC 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive</li> </ul>

	<ul style="list-style-type: none"> <li>require urgent or emergent care</li> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients with straightforward diagnoses</li> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<ul style="list-style-type: none"> <li>care and chronic disease management in the ambulatory setting</li> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient setting</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b> and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> manages situations requiring urgent or emergent care</li> </ul>
<b>PC-5</b>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant Services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> </ul>

	<ul style="list-style-type: none"> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as resources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>

	<p>research studies <b>without</b> critical appraisal</p> <ul style="list-style-type: none"> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</li> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient’s unique characteristics and needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>✓ <b>Modifies</b> care plan to account for a patient’s unique characteristics and needs with success</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care</li> </ul>

	<p>relationships with patients and caregivers but is <b>often unsuccessful</b></p> <ul style="list-style-type: none"> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<p>conversations</p> <ul style="list-style-type: none"> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies that <b>hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective</b> collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication consistently acts to <b>facilitate</b> collaboration with the team to enhance patient care</li> </ul>

<b>EPA 20:</b> Interview a patient with dermatologic disorder, clinically examine and formulate differential diagnosis, management plan.	
<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Understands &amp; looks for dermatologic manifestations of systemic diseases.</li> <li>• Identify the manifestations of allergic, bullous disorders, papulosquamous disorders(psoriasis), pigmentary disorders, STDs &amp; skin malignancies</li> <li>• Does a systematic examination of a patient, create a plan of evaluation, and arrive at differential diagnosis, order relevant investigations and offer specific pharmacological and non-pharmacological treatment plan.</li> <li>• Gain confidence of patient during the entire process of history taking, clinical examination and treatment.</li> <li>• Communicate effectively with patient / parents/ legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.</li> <li>• Identifies clear indications of topical &amp; systemic drugs</li> <li>• Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses while treating an associated medical condition to order a safe</li> </ul>

	<p>prescription.</p> <ul style="list-style-type: none"> <li>• Present his observation to colleagues, including senior clinicians</li> <li>• Maintain confidentiality of patient details.</li> </ul>
<b>Most relevant domains of competence:</b>	<ul style="list-style-type: none"> <li>• <b>PC, MK, SBP, PBLI, PROF, ICS</b></li> </ul>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>• <b>PC 1.3,2.3,3.3,5.3</b></li> <li>• <b>MK 1.3,2.3</b></li> <li>• <b>SBP 1.3</b></li> <li>• <b>PBLI 4.3</b></li> <li>• <b>PROF 1.3,3.3</b></li> <li>• <b>ICS 1,2</b></li> </ul>
<b>Methods of assessment</b>	<p>Periodic written exam (Every 6 months)  Mini-cex  Workplace assessment by Faculty  Multi-source feedback</p> <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>PC 2</b>	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not react</b> to situations that require urgent or emergent care</li> <li>✓ <b>Does not</b> seek additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> develops <b>appropriate</b> care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> modifies care</li> </ul>



	<p>appropriate care plan</p> <ul style="list-style-type: none"> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<p>plans based on patient's clinical course, additional data, and patient preferences</p>
<b>PC 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who require urgent or emergent care</li> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients with straightforward diagnoses</li> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive care and chronic disease management in the ambulatory setting</li> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient setting</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b> and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> manages situations requiring urgent or emergent care</li> </ul>
<b>PC-5</b>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant Services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive</li> </ul>

		preventive care
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as resources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based</li> </ul>

	<p>weaknesses of the medical literature</p> <ul style="list-style-type: none"> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<p>on accepted criteria</p> <ul style="list-style-type: none"> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter</li> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient’s unique characteristics and needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>✓ <b>Modifies</b> care plan to account for a patient’s unique characteristics and needs with success</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<p>socioeconomic and cultural backgrounds</p> <ul style="list-style-type: none"> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
ICS-2	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies that <b>hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective</b> collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication consistently acts to <b>facilitate</b> collaboration with the team to enhance patient care</li> </ul>

<b>EPA 21</b> : Approach a patient with infectious disease, create a diagnostic and therapeutic algorithm and formulate preventive strategy	
<p><i>Description of the activity: This included a brief rationale and a list of the functions required for the EPA.</i></p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Identify the common clinical manifestations of acute and chronic infections caused by bacteria's, viruses, fungi and parasites.</li> <li>• Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start empirical treatment.</li> <li>• Interprets the laboratory investigations and formulates a specific treatment plan.</li> <li>• Gain confidence of patient during the entire process of history taking, clinical examination and treatment.</li> <li>• Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.</li> <li>• Use antibiotics, antivirals, antifungals and anti-</li> </ul>

	<p>parasitic drugs judiciously.</p> <ul style="list-style-type: none"> <li>• Understand the importance of drug resistance among microorganisms and make necessary drug alteration based on sensitivity report.</li> <li>• Offers consent for testing HIV and also while dealing with STD's. Offers appropriate counselling before and after testing. Maintain confidentiality of patient details.</li> <li>• Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses.</li> <li>• Update the knowledge on adult vaccination and implement in general practice</li> <li>• Identify the key areas of research in infectious diseases</li> <li>• Present his observation to colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3,2.3,3.3</b> <b>MK 1.3,2.3</b> <b>PBLI 1.3,2.3,4.3</b> <b>PROF 1.3</b> <b>ICS 1.3,2.3,3.3</b>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/Inconsistently recognizes</b> patient's central</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>

	clinical problems potentially life threatening problems and develops limited differential diagnoses	
<b>PC 2</b>	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not react</b> to situations that require urgent or emergent care</li> <li>✓ <b>Does not seek</b> additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consistently develops <b>appropriate</b> care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
<b>PC 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who require urgent or emergent care</li> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients with straightforward diagnoses</li> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires</b> <b>indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive care and chronic disease management in the ambulatory setting</li> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient setting</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b> and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> manages situations requiring urgent or emergent care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>MK 2</b>	✓ <b>Lacks</b> foundational knowledge	✓ <b>Has</b> knowledge to apply

	<p>to apply diagnostic testing and procedures to patient care</p> <ul style="list-style-type: none"> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p>diagnostic testing and procedures to patient care</p> <ul style="list-style-type: none"> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>PBLI 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Unwilling</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Not concerned</b> with opportunities for learning and self-improvement</li> <li>✓ <b>Unable</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Misses opportunities</b> for learning and self-improvement</li> <li>✓ <b>Inconsistently</b> self-reflects upon one's practice or performance and inconsistently acts upon those reflections</li> <li>✓ <b>Inconsistently</b> acts upon opportunities for learning and self-improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Regularly self-reflects</b> upon one's practice or performance and consistently acts upon those reflections to improve practice</li> <li>✓ <b>Recognizes</b> sub-optimal practice or performance as an opportunity for learning and self-improvement</li> <li>✓ <b>Actively engages</b> in self-improvement efforts and reflects upon the experience</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance of quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Analyzes</b> own clinical performance data and <b>identifies opportunities</b> for improvement &amp; <b>actively work</b> to improve performance</li> <li>✓ <b>Effectively participates</b> in a quality improvement project</li> <li>✓ <b>Understands</b> common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely "slows down"</b> to reconsider an approach to a</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> "slows down" to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> </ul>

	<p>problem, ask for help, or seek new information</p> <ul style="list-style-type: none"> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates</li> </ul>



	<p>patient, <b>but does not actively</b> solicit preferences</p> <ul style="list-style-type: none"> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<p>patient preference in shared decision making across a wide variety of patient care conversations</p> <ul style="list-style-type: none"> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective collaboration</b> with team members</li> <li>✓ Uses unidirectional communication <b>that fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts</b> to facilitate collaboration with the team to enhance patient care</li> </ul>
<b>ICS-3</b>	<ul style="list-style-type: none"> <li>✓ Health records are <b>absent or missing</b> significant portions of important clinical data</li> <li>✓ Health records are <b>disorganized and inaccurate</b></li> <li>✓ Health records are organized and accurate but are <b>superficial and miss key data</b> or <b>fail</b> to communicate clinical reasoning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health records are <b>organized, accurate, comprehensive, and effectively</b> communicate clinical reasoning</li> <li>✓ Health records are <b>succinct, relevant, and patient specific</b></li> </ul>

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

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

This activity requires the ability to:

- Identify the common clinical manifestations of poisoning, systemic and local envenomation and environmental disorders.
- Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start specific treatment.
- **POISONING:**
- Identify the clinical signs specific for various poisoning. The common poisoning encountered in day to day practice include Organophosphorous poisoning, plant poisoning, kerosene poisoning, corrosive poisoning, Methanol poisoning, drug overdoses with benzodiazepines /barbiturates/ paracetamol.
- To do first aid, decide on stomach wash-indications and contraindications, policy of registering MLC, policy of collecting samples for toxicological analysis and analyze the reports.
- Interprets the laboratory investigations and formulates a specific treatment plan.
- Admit monitors & treats the acute poisoning cases in intensive care units.
- Gain confidence of patient during the entire process of history taking, clinical examination and treatment.
- Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.
- Use specific antidotes-identify the specific side effects and monitor the treatment effectively.
- Maintain confidentiality of the patient. Do effective counselling with the patient and their bystanders / caregivers.
- Identify the key role of psychiatric assessment and periodic counselling to prevent such events in future.
- Present his observation to colleagues, including senior clinicians
- **ENVENOMATION:**
- Identify the common clinical presentation of snake bite, scorpion sting, wasp sting etc.
- Identify the signs of poisonous and non-poisonous bites and determine appropriate plan of action
- Decide on specific and timely investigations to confirm systemic envenomation and treat accordingly
- Decide on anti-venom, its indications and side effects; monitor the effect of anti-venom for therapeutic and adverse effects.
- Effectively counsel the patient and patient attenders.

	<ul style="list-style-type: none"> <li>• Present his observation to colleagues, including senior clinicians</li> <li>• <b>ENVIRONMENTAL MEDICINE:</b></li> <li>• Able to identify common clinical manifestations of high altitude sickness, diseases of climate changes, drowning, pollution, electrical injuries and lightning, and radiation injuries.</li> <li>• Do focussed history, clinical examination and draft effective treatment.</li> <li>• Gain confidence of patient during the entire process of history taking, clinical examination and treatment.</li> <li>• Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.</li> <li>• Aware of rehabilitative measures to combat long term complications.</li> <li>• Present his observation to colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<b>PC, MK, PBLI, PROF, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<b>PC 1.3,2.3,3.3</b> <b>MK 1.3,2.3</b> <b>PBLI 1.3,2.3,4.3</b> <b>PROF 1.3</b> <b>ICS 1.3,2.3,3.3</b>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and</li> </ul>

	<ul style="list-style-type: none"> <li>✓ <b>Fails to recognize/Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<p>physical examination skills to minimize the need for further diagnostic testing</p>
<b>PC 2</b>	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not react</b> to situations that require urgent or emergent care</li> <li>✓ <b>Does not seek</b> additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consistently develops <b>appropriate</b> care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
<b>PC 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who require urgent or emergent care</li> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients with straightforward diagnoses</li> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive care and chronic disease management in the ambulatory setting</li> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient setting</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b> and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> manages situations requiring urgent or emergent care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive</li> </ul>

<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>PBLI 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Unwilling</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Not concerned</b> with opportunities for learning and self-improvement</li> <li>✓ <b>Unable</b> to self-reflect upon one's practice or performance</li> <li>✓ <b>Misses opportunities</b> for learning and self-Improvement</li> <li>✓ <b>Inconsistently</b> self-reflects upon one's practice or performance and inconsistently acts upon those reflections</li> <li>✓ <b>Inconsistently</b> acts upon opportunities for learning and self-improvement</li> </ul>
<b>PBLI 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Disregards</b> own clinical performance data</li> <li>✓ <b>Demonstrates no inclination</b> to participate in or even consider the results of quality improvement efforts</li> <li>✓ <b>Limited awareness</b> of or desire to analyze own clinical performance data</li> <li>✓ <b>Nominally participates</b> in quality improvement projects</li> <li>✓ <b>Not familiar</b> with the principles, techniques or importance</li> </ul>

	<ul style="list-style-type: none"> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	<p>well-formed clinical questions <b>independently</b></p> <ul style="list-style-type: none"> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural</li> </ul>

	<p>care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</p> <ul style="list-style-type: none"> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<p>backgrounds</p> <ul style="list-style-type: none"> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective collaboration</b> with team members</li> <li>✓ Uses unidirectional communication <b>that fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts</b> to facilitate collaboration with the team to enhance patient care</li> </ul>
<b>ICS-3</b>	<ul style="list-style-type: none"> <li>✓ Health records are <b>absent or missing</b> significant portions of important clinical data</li> <li>✓ Health records are <b>disorganized and inaccurate</b></li> <li>✓ Health records are organized and accurate but are <b>superficial and miss key data or fail to</b> communicate clinical reasoning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health records are <b>organized, accurate, comprehensive, and effectively</b> communicate clinical reasoning</li> <li>✓ Health records are <b>succinct, relevant, and patient specific</b></li> </ul>

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

<p><b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.</p>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• To provide a comprehensive and interdisciplinary health care and rehabilitation of the older adult.</li> <li>• To gain experience in the daily management and continuing care of elderly patients, paying particular attention to their functional status and cognitive ability.</li> <li>• Demonstrate medical knowledge, comprehension of pathophysiology, development of differential diagnosis, formulation of management plans, and dissemination of plan of care by presentation in various clinical settings and at clinical conferences</li> <li>• Differentiate and identify the Geriatric physiology, pathological changes with the process of ageing, pharmaco-dynamic and pharmaco-kinetic properties of drugs in older patients.</li> <li>• Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start empirical treatment.</li> <li>• Gain confidence of patient during the entire process of history taking, clinical examination and treatment.</li> <li>• Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment.</li> <li>• To identify and implement various legislative and government policies in dealing with care of older patients.</li> <li>• To identify common and uncommon presentations of infectious diseases and non-communicable diseases.</li> <li>• To identify the underlying malignancies, initiate the process of evaluation and formulate a treatment plan.</li> <li>• Be aware of the principles of Palliative care and End of life care for elderly patients.</li> <li>• To identify arthritic disorders, endocrine, psychiatric, and sexual disorders specific for elderly</li> <li>• To identify disorders of special senses like hearing and visual disorders and suggest appropriate treatment and or rehabilitation.</li> <li>• To identify the principles of rehabilitation in elderly.</li> <li>• To impart health education and counselling on nutrition.</li> <li>• Interpret the investigation with special care and formulate treatment plan accordingly.</li> <li>• Update the knowledge on geriatric vaccination and implement in general practice</li> <li>• Present his observation to colleagues, including senior clinicians</li> </ul>
<p><b>Most relevant domains of competence:</b></p>	<ul style="list-style-type: none"> <li>• <b>PC, MK, PBLI, SBP, PROF, ICS</b></li> </ul>



<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>• PC 1.3,2.3,3.3,5.3</li> <li>• MK 1.3,2.3</li> <li>• SBP 1.3</li> <li>• PBLI 4.3</li> <li>• PROF1.3,3.3</li> <li>• ICS 1.3,2.3</li> </ul>
<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not collect/ Inconsistently able to</b> collect accurate historical data in organized fashion</li> <li>✓ <b>Does not use /Does not perform</b> an appropriately thorough physical examination to confirm history or misses key physical exam findings</li> <li>✓ <b>Relies exclusively</b> on documentation of others to generate own database or differential diagnosis</li> <li>✓ <b>Fails to recognize/ Inconsistently recognizes</b> patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently acquires</b> accurate and relevant histories from patients</li> <li>✓ <b>Seeks and obtains</b> data from secondary sources when needed</li> <li>✓ <b>Consistently performs</b> accurate and appropriately thorough physical exams</li> <li>✓ <b>Uses</b> collected data to define a patient's central clinical problem(s)</li> <li>✓ <b>Effectively uses</b> history and physical examination skills to minimize the need for further diagnostic testing</li> </ul>
<b>PC 2</b>	<ul style="list-style-type: none"> <li>✓ Care plans are consistently <b>inappropriate or inaccurate</b></li> <li>✓ <b>Does not react</b> to situations that require urgent or emergent care</li> <li>✓ <b>Does not seek</b> additional guidance when needed</li> <li>✓ <b>Inconsistently</b> develops an appropriate care plan</li> <li>✓ <b>Inconsistently</b> seeks additional guidance when needed</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> develops appropriate care plan</li> <li>✓ <b>Recognizes</b> situations requiring urgent or emergent care</li> <li>✓ <b>Seeks</b> additional guidance and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> modifies care plans based on patient's clinical course, additional data, and patient preferences</li> </ul>
<b>PC 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Cannot</b> advance beyond the need for direct supervision in the delivery of patient care</li> <li>✓ <b>Cannot</b> manage patients who require urgent or emergent care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Requires indirect/direct</b> supervision to ensure patient safety and quality care</li> <li>✓ <b>Provides</b> appropriate preventive care and chronic disease</li> </ul>

	<ul style="list-style-type: none"> <li>✓ <b>Does not assume</b> responsibility for patient management decisions</li> <li>✓ <b>Inconsistently</b> manages simple ambulatory complaints or common chronic diseases</li> <li>✓ <b>Inconsistently</b> provides preventive care in the ambulatory setting</li> <li>✓ <b>Inconsistently</b> manages patients with straightforward diagnoses</li> <li>✓ <b>Unable</b> to manage complex inpatients or patients requiring intensive care</li> </ul>	<p>management in the ambulatory setting</p> <ul style="list-style-type: none"> <li>✓ <b>Provides</b> comprehensive care for single or multiple diagnoses in the inpatient settings</li> <li>✓ <b>Under supervision,</b> provides appropriate care</li> <li>✓ <b>Initiates management</b> plans for urgent or emergent care</li> <li>✓ <b>Seeks additional guidance</b> and/or consultation as appropriate</li> <li>✓ <b>Appropriately</b> manages situations requiring urgent or emergent care</li> </ul>
<b>PC-5</b>	<ul style="list-style-type: none"> <li>✓ <b>Is unresponsive</b> to questions or concerns of others when acting as a consultant or utilizing consultant services</li> <li>✓ <b>Unwilling to utilize</b> consultant services when appropriate for patient care</li> <li>✓ <b>Inconsistently</b> manages patients as a consultant to other physicians/health care teams</li> <li>✓ <b>Inconsistently</b> applies risk assessment principles to patients while acting as a consultant</li> <li>✓ <b>Inconsistently</b> formulates clinical question for a consultant to address</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Provides</b> consultation services for patients with clinical problems requiring basic risk assessment</li> <li>✓ <b>Asks</b> meaningful clinical questions that guide the input of consultant</li> <li>✓ <b>Provides</b> consultation services for patients with basic and complex clinical problems requiring detailed risk assessment</li> <li>✓ <b>Appropriately</b> weighs recommendations from consultants in order to effectively manage patient care</li> </ul>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of</li> </ul>

	<p>and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p>pre-test probability and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as resources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them <b>ineffectively</b></li> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>
<b>PBLI 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Fails</b> to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</li> <li>✓ <b>Fails</b> to seek or apply evidence when necessary</li> <li>✓ <b>Rarely “slows down”</b> to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>with assistance</b></li> <li>✓ <b>Unfamiliar</b> with strengths and weaknesses of the medical literature</li> <li>✓ <b>Has limited</b> awareness of or ability to use information technology</li> <li>✓ Accepts the findings of clinical research studies <b>without</b> critical appraisal</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Routinely</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>✓ Can translate medical information needs into well-formed clinical questions <b>independently</b></li> <li>✓ <b>Aware</b> of the strengths and weaknesses of medical information resources but <b>utilizes</b> information technology without/with sophistication</li> <li>✓ <b>With assistance</b>, appraises clinical research reports, based on accepted criteria</li> <li>✓ <b>Independently</b> appraises clinical research reports based on accepted criteria</li> </ul>

	<ul style="list-style-type: none"> <li>✓ <b>Inconsistently</b> “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> </ul>	
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>PROF 3</b>	<ul style="list-style-type: none"> <li>✓ Is <b>insensitive</b> to differences related to culture, ethnicity, gender, race, age, and religion in the patient/ caregiver encounter</li> <li>✓ Is <b>unwilling or requires assistance</b> modify care plan to account for a patient’s unique characteristics and needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Is <b>sensitive</b> to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter</li> <li>✓ <b>Modifies</b> care plan to account for a patient’s unique characteristics and needs with success</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of</li> </ul>

	conversations to others	different socioeconomic and cultural backgrounds
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies that <b>hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt effective</b> collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails</b> to utilize the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently</b> engages in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently</b> employs verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively engages</b> in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication consistently acts to <b>facilitate</b> collaboration with the team to enhance patient care</li> </ul>

<b>EPA 24: Research and Research Methodology</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• Undergo mandatory MCI course on Basics on Research Methodology</li> <li>• Understand the principles of Ethics in Biomedical research and apply the same while conducting Post graduate dissertation.</li> <li>• Understand the existing facilities and interdisciplinary health care system within the institute and draft a high quality research proposal.</li> <li>• Discuss with their peers and senior faculty members on the research proposal and consider the suggestions given them.</li> <li>• Carry out dissertation by respecting the rights, safety and confidentiality of the study participants.</li> <li>• Reports interesting / rare cases in various clinical platforms and publish in reputed journals.</li> <li>• Update on recent advances happening in the field of the General medicine. Frequently reviews journals and make presentations within the department and scientific forums.</li> <li>• Present his observation to colleagues, including senior clinicians</li> </ul>
<b>Most relevant domains of competence:</b>	<ul style="list-style-type: none"> <li>• <b>MK, SBP, PROF, ICS</b></li> </ul>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>• <b>MK 1.3,2.3</b></li> <li>• <b>SBP1.3,3.3</b></li> <li>• <b>PROF 1.3</b></li> <li>• <b>ICS 1.3,2.3,3.3</b></li> </ul>

<b>Methods of assessment</b>	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>Patient</li> <li>Nurses</li> <li>Health care workers</li> <li>Peers</li> </ol>
------------------------------	--

<b>Competency</b>	<b>Pre Entrustable</b>	<b>Entrustable</b>
<b>MK-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> the scientific, socioeconomic or behavioral knowledge required to provide patient care</li> <li>✓ <b>Possesses insufficient</b> scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care</li> <li>✓ <b>Possesses</b> the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>SBP-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Refuses to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Frustrates</b> team members with inefficiency and errors</li> <li>✓ Identifies roles of other team members but <b>does not recognize</b> how/when to utilize them as resources</li> <li>✓ <b>Frequently requires reminders</b> from team to complete physician responsibilities (e.g. talk to family, enter orders)</li> <li>✓ Understands the roles and responsibilities of all team members but uses them</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Accepts to recognize</b> the contributions of other inter-professional team members</li> <li>✓ <b>Understands</b> the roles and responsibilities and effectively partners with, all members of the team</li> <li>✓ <b>Actively engages</b> in team meetings and collaborative decision-making</li> <li>✓ <b>Efficiently coordinates</b> activities of other team members to optimize care</li> </ul>

	<p><b>ineffectively</b></p> <ul style="list-style-type: none"> <li>✓ Participates in team discussions when required but <b>does not actively seek</b> input from other team members</li> </ul>	
<b>SBP 3</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> cost issues in the provision of care</li> <li>✓ Demonstrates <b>no effort</b> to overcome barriers to cost-effective care</li> <li>✓ <b>Lacks</b> awareness of external factors (e.g. socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financiers, purchasers) have on the cost of care</li> <li>✓ <b>Does not</b> consider limited health care resources when ordering diagnostic or therapeutic interventions</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Recognizes</b> that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care</li> <li>✓ <b>Minimizes unnecessary</b> diagnostic and therapeutic tests</li> <li>✓ <b>Possesses</b> a complete understanding of cost-awareness principles for a population of patients (e.g. screening tests)</li> <li>✓ <b>Consistently</b> works to address patient specific barriers to cost-effective care</li> </ul>
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b></li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b></li> </ul>

	<p>relationships with patients and caregivers</p> <ul style="list-style-type: none"> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<p>to engage in communication with persons of different socioeconomic and cultural backgrounds</p> <ul style="list-style-type: none"> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>
<b>ICS-3</b>	<ul style="list-style-type: none"> <li>✓ Health records are <b>absent or missing</b> significant portions of important clinical data</li> <li>✓ Health records are <b>disorganized and inaccurate</b></li> <li>✓ Health records are organized and accurate but are <b>superficial and miss key</b> data or <b>fail</b> to communicate clinical reasoning</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health records are <b>organized, accurate,</b> comprehensive, and <b>effectively</b> communicate clinical reasoning</li> <li>✓ Health records are <b>succinct, relevant, and patient specific</b></li> </ul>



<b>EPA 25 : Interpretation of ECG</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- place the ECG leads &amp; take a ECG without any standardization errors</li> <li>✓ Have knowledge on normal ECG wave forms, axis</li> <li>✓ Interpretation of ECG changes in acute settings such as STEMI, Arrhythmia etc, &amp; initiates treatment protocol</li> <li>✓ Interpretation of ECG &amp; its changes in <ul style="list-style-type: none"> <li>Chamber enlargements</li> <li>Ischemic heart diseases</li> <li>Congenital heart diseases</li> <li>Hereditary heart diseases</li> <li>Arrhythmias- Tachy/Brady</li> <li>Bundle branch block</li> </ul> </li> </ul>
<b>Most relevant domains of competence:</b>	PC, MK,
<b>Competencies within each domain critical to entrustment decisions:</b>	PC 4.3 MK 2.3
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> </ul>

	✓ <b>Minimally understands</b> the rationale and risks associated with common procedures	✓ <b>Fully understands</b> the rationale and risks associated with common procedures
--	--	--

<b>EPA 26: Perform Lumbar Puncture</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- how to perform the procedure</li> <li>✓ Have knowledge on indications &amp; contraindications of the procedure</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent prior to procedure</li> <li>✓ Set up the equipment, maintaining a sterile field</li> <li>✓ Perform procedures</li> <li>✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li> <li>✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> <li>✓ Post procedure able to interpret the results for achieving diagnosis</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3, 2.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all</li> </ul>

		procedures required for certification
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision - making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and care givers but is <b>of ten unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal,</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

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

<b>EPA 27: Perform Bone marrow aspiration/biopsy</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- how to perform the procedure</li> <li>✓ Have knowledge on indications &amp; contraindications of the procedure</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent prior to procedure</li> <li>✓ Set up the equipment, maintaining a sterile field</li> <li>✓ Perform procedures</li> <li>✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li> <li>✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> <li>✓ Post procedure able to interpret the results for achieving diagnosis</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3,2.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses in sufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>

<p><b>MK 2</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<p><b>ICS-1</b></p>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and care givers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<p><b>ICS-2</b></p>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

	communication strategies that facilitate collaborative care	
--	---	--

<b>EPA 28: Perform Ascitic/Pleural Paracentesis</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- how to perform the procedure</li> <li>✓ Have knowledge on indications &amp; contraindications of the procedure</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent prior to procedure</li> <li>✓ Set up the equipment, maintaining a sterile field</li> <li>✓ Perform procedures</li> <li>✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li> <li>✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> <li>✓ Post procedure able to interpret the results for achieving diagnosis</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3, 2.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

Competency	Pre- entrustable	Entrustable
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified necessary for patient care</li> <li>✓ <b>Possesses in sufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	✓ <b>Lacks</b> foundational knowledge	✓ <b>Has</b> knowledge to apply

	<p>to apply diagnostic testing and procedures to patient care</p> <ul style="list-style-type: none"> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p>diagnostic testing and procedures to patient care</p> <ul style="list-style-type: none"> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision - making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and care givers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written communication strategies that</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

	facilitate collaborative care	
--	-------------------------------	--

<b>EPA 29 : Secure Oral/ Nasopharyngeal/ laryngeal/ Advanced airway</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- how to perform the procedure</li> <li>✓ Have knowledge on indications &amp; contraindications of the procedure</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent prior to procedure</li> <li>✓ Set up the equipment, maintaining a sterile field</li> <li>✓ Perform procedures</li> <li>✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li> <li>✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK,ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3,2.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic</li> </ul>



	<p>diagnostic tests accurately</p> <ul style="list-style-type: none"> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p>diagnostic tests accurately</p> <ul style="list-style-type: none"> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
ICS-1	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision - making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and care givers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
ICS-2	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

<b>EPA 30: Secure central Intravenous access(IJV)/Dialysis catheter</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- how to perform the procedure</li> <li>✓ Have knowledge on indications &amp; contraindications of the procedure</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent prior to procedure</li> <li>✓ Set up the equipment, maintaining a sterile field</li> <li>✓ Perform procedures</li> <li>✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li> <li>✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3,2.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of</li> </ul>

	<p>and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p>pre-test probability and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision - making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

<b>EPA 31: Secure Nasopharyngeal Tube/Ryle's Tube</b>	
<b>Description of the activity:</b> <i>This included a brief rationale and a list of the functions required for the EPA.</i>	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ Have knowledge on technique- how to perform the procedure</li> <li>✓ Have knowledge on indications &amp; contraindications of the procedure</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent prior to procedure</li> <li>✓ Set up the equipment, maintaining a sterile field</li> <li>✓ Perform procedures</li> <li>✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff</li> <li>✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK, ICS</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3,2.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi-source feedback <ul style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ul>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests accurately</li> <li>✓ <b>Does not understand</b> the concepts of pre-test probability</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand or understands</b> the concepts of</li> </ul>

	<p>and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p>pre-test probability and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision - making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written communication strategies that facilitate collaborative care</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

<b>EPA 32: Perform Cardiopulmonary Resuscitation by BLS &amp; ACLS protocol</b>	
<b>Description of the activity:</b> This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: <ul style="list-style-type: none"> <li>✓ In emergency assessment of patient &amp; start CPR as per BLS protocol</li> <li>✓ Communicate effectively with the patient, patient's relatives &amp; obtain informed consent</li> <li>✓ Have knowledge on drugs used on resuscitation, their uses, indications, contraindications, ADR.</li> <li>✓ Handle defibrillator &amp; Use it when indicated</li> <li>✓ Able to assess the cause for cardiac arrest &amp; treats it accordingly. Gives post resuscitative care as per ACLS protocol</li> <li>✓ Take the role of team leader in resuscitation &amp; able to avoid errors happening &amp; sets a safe environment for better outcome from resuscitation</li> </ul>
<b>Most relevant domains of competence:</b>	✓ <b>PC, MK, ICS, SBP, PROF</b>
<b>Competencies within each domain critical to entrustment decisions:</b>	<ul style="list-style-type: none"> <li>✓ <b>PC 4.3</b></li> <li>✓ <b>MK 2.3</b></li> <li>✓ <b>ICS 1.3, 2.3</b></li> <li>✓ <b>SBP 2.3</b></li> <li>✓ <b>PROF 1.3</b></li> </ul>
<b>Methods of assessment</b>	Workplace assessment by Faculty Multi source feedback <ol style="list-style-type: none"> <li>a. Patient</li> <li>b. Nurses</li> <li>c. Health care workers</li> <li>d. Peers</li> </ol>

<b>Competency</b>	<b>Pre- entrustable</b>	<b>Entrustable</b>
<b>PC- 4</b>	<ul style="list-style-type: none"> <li>✓ <b>Does not attempts</b> to perform procedures without sufficient technical skill or supervision</li> <li>✓ <b>Unwilling to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses insufficient</b> technical skill for safe completion of common procedures</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Attempts</b> to perform procedures without sufficient technical skill or Supervision</li> <li>✓ <b>Willing to perform</b> procedures when qualified and necessary for patient care</li> <li>✓ <b>Possesses</b> basic technical skill for the completion of some common procedures</li> <li>✓ <b>Possesses</b> technical skill and has successfully performed all procedures required for certification</li> </ul>
<b>MK 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks</b> foundational knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Inconsistently</b> interprets basic diagnostic tests</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Has</b> knowledge to apply diagnostic testing and procedures to patient care</li> <li>✓ <b>Consistently interprets</b> basic diagnostic tests accurately</li> <li>✓ <b>Needs assistance to understand</b></li> </ul>

	<p>accurately</p> <ul style="list-style-type: none"> <li>✓ <b>Does not understand</b> the concepts of pre-test probability and test performance characteristics</li> <li>✓ <b>Minimally understands</b> the rationale and risks associated with common procedures</li> </ul>	<p><b>or understands</b> the concepts of pre-test probability and test performance characteristics</p> <ul style="list-style-type: none"> <li>✓ <b>Fully understands</b> the rationale and risks associated with common procedures</li> </ul>
<b>ICS-1</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> patient preferences for plan of care</li> <li>✓ <b>Makes no attempt</b> to engage patient in shared decision-making</li> <li>✓ Routinely engages in <b>antagonistic or counter-therapeutic</b> relationships with patients and caregivers</li> <li>✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, <b>but does not actively</b> solicit preferences</li> <li>✓ Attempts to develop therapeutic relationships with patients and caregivers but is <b>often unsuccessful</b></li> <li>✓ <b>Defers</b> difficult or ambiguous conversations to others</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Engages</b> patients in shared decision making in uncomplicated conversations</li> <li>✓ <b>Requires assistance</b> facilitating discussions in difficult or ambiguous conversations</li> <li>✓ <b>Requires guidance or assistance</b> to engage in communication with persons of different socioeconomic and cultural backgrounds</li> <li>✓ <b>Identifies</b> and incorporates patient preference in shared decision making across a wide variety of patient care conversations</li> <li>✓ <b>Quickly establishes</b> a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds</li> </ul>
<b>ICS-2</b>	<ul style="list-style-type: none"> <li>✓ Utilizes communication strategies <b>that hamper</b> collaboration and teamwork</li> <li>✓ Verbal and/or non-verbal behaviours <b>disrupt</b> effective collaboration with team members</li> <li>✓ Uses unidirectional communication that <b>fails to utilize</b> the wisdom of the team</li> <li>✓ <b>Resists</b> offers of collaborative input</li> <li>✓ <b>Inconsistently engages</b> in collaborative communication with appropriate members of the team</li> <li>✓ <b>Inconsistently employs</b> verbal, non-verbal, and written communication strategies that</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently and actively</b> engages in collaborative communication with all members of the team</li> <li>✓ Verbal, non-verbal and written communication <b>consistently acts to</b> facilitate collaboration with the team to enhance patient care</li> </ul>

	facilitate collaborative care	
<b>PROF 1</b>	<ul style="list-style-type: none"> <li>✓ <b>Lacks empathy</b> and compassion for patients and caregivers</li> <li>✓ <b>Disrespectful</b> in interactions with patients, caregivers and members of the inter-professional team</li> <li>✓ <b>Sacrifices patient needs</b> in favour of own self-interest</li> <li>✓ Blatantly <b>disregards</b> respect for patient privacy and autonomy</li> <li>✓ <b>Inconsistently</b> demonstrates empathy, compassion and respect for patients and caregivers</li> <li>✓ <b>Inconsistently</b> demonstrates responsiveness to patients and caregivers needs in an appropriate fashion</li> <li>✓ <b>Inconsistently</b> considers patient privacy and autonomy</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Consistently</b> respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations</li> <li>✓ <b>Is available and responsive</b> to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care</li> <li>✓ <b>Emphasizes</b> patient privacy and autonomy in all interactions</li> </ul>
<b>SBP 2</b>	<ul style="list-style-type: none"> <li>✓ <b>Ignores</b> a risk for error within the system that may impact the care of a patient</li> <li>✓ <b>Ignores</b> feedback and is unwilling to change behavior in order to reduce the risk for error</li> <li>✓ <b>Does not recognize</b> the potential for system error</li> <li>✓ Makes decisions that <b>could lead to error</b> which are otherwise corrected by the system or supervision</li> <li>✓ <b>Resistant to feedback</b> about decisions that may lead to error or otherwise cause harm</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Recognizes</b> the potential for error within the system</li> <li>✓ <b>Identifies</b> obvious or critical causes of error and notifies supervisor accordingly</li> <li>✓ <b>Recognizes</b> the potential risk for error in the immediate system and takes necessary steps to mitigate that risk</li> <li>✓ <b>Willing</b> to receive feedback about decisions that may lead to error or otherwise cause harm</li> </ul>



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

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

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

- The Internal Assessment should be conducted in theory and clinical examination every 6 months
- Quarterly assessment during the MD training should be based on following educational activities:
  1. Journal based / recent advances learning
  2. Patient based /Laboratory or Skill based learning
  3. Self-directed learning and teaching
  4. Departmental and interdepartmental learning activity

## 5. External and Outreach Activities / CMEs

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

### **Summative Assessment:**

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

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

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

##### **1. Dissertation:**

Every post graduate student shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Thesis. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the post graduate student to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.

Thesis shall be submitted at least six months before the Theory and Clinical / Practical examination. The thesis shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A post graduate student shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Thesis by the examiners.

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

The examinations shall be organised on the basis of 'Marking system' to evaluate and to certify post graduate student's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole. The examination for M.D./ MS shall be held at the end of 3<sup>rd</sup> academic year. An academic term shall mean six month's training period.

There will be four theory papers, as below:

- **Paper I:** Applied Basic Sciences
- **Paper II:** General Medicine including Pediatrics, Dermatology & Psychiatry
- **Paper III:** Tropical Medicine, Environmental Medicine and Nutritional disorders
- **Paper IV:** Geriatrics & Recent advances

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

### **3. Clinical / Practical and Oral/viva voce Examination:**

The final clinical examination should include:

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

#### **Clinical total marks (200 marks)**

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

#### **Viva-voce: (100)**

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

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

## 9. Blue Print

### Applied Basic Sciences

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

### General Medicine including Pediatrics, Dermatology & Psychiatry

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

### **Tropical Medicine, Environmental Medicine and Nutritional disorders**

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

## Geriatrics & Recent Advances

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

## 10. Model Question Papers

### Paper – I: Applied Basic Sciences

(10x10=100 marks)

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



**Paper – II: General Medicine including Pediatrics, Dermatology & Psychiatry**

**(10x10=100 marks)**

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

**Paper III- Tropical Medicine, Environmental medicine & Nutrition**

**(10 x 10= 100 marks)**

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

**Paper – IV: Geriatrics & Recent Advances**

**(10 x 10 = 100)**

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

## 11. Recommended Reading

### Text Books (latest edition)

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

### Reference books

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

### Clinical Methods

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

### Journals

#### Indian Journals

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

#### International Journals

- British Medical Journal

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

**ANNEXURE 1: POSTGRADUATE STUDENTS APPRAISAL FORM**

**SRI BALAJI VIDYAPEETH**

**PILLAIYARKUPPAM, PUDUCHERRY**

**DEPARTMENT OF GENERAL MEDICINE**

**POSTGRADUATE STUDENTS APPRAISAL FORM**

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

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

Sr. No.	Particulars	Not Satisfactory			Satisfactory			More Than Satisfactory			Remarks
		1	2	3	4	5	6	7	8	9	
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 2: FEEDBACK FORMS**

**SRI BALAJI VIDYAPEETH**

**PILLAIYARKUPPAM, PUDUCHERRY – 607 402**

**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 counseling of patient's relatives			
6.	Communicates effectively with colleagues			
7.	Communicates effectively with other health professionals			
8.	Allows them to express their doubts or concern regarding clinical decisions			
9.	Proper and complete documentation			
10.	Works constructively in the health care system			
		Total score:		
General Comments:				
Highlights in performance (strengths)				
Possible suggested areas for improvement (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 counseling of patient's relatives			
6.	Effectively counsels patients preoperatively and postoperatively			
7.	Takes religious and social considerations into account when making decisions			
8.	Allows patients to make an informed decision regarding management and allows them to express their doubts and concerns			
9.	Takes financial situation of patient into consideration when making decisions			
10.	Discusses each step of the management with the patient and relatives			
		Total score:		
	General Comments:			
	Highlights in performance (strengths)			
	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 3: FEEDBACK FOR JOURNAL CLUB**

**SRI BALAJI VIDYAPEETH**

**PILLAIYARKUPPAM, PUDUCHERRY – 607 402**

**EVALUATION SHEET FOR POSTGRADUATE JOURNAL CLUB**

(To be marked individually by each faculty)

Name of the Resident: .....

UIN No.: .....

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 4: FEEDBACK FOR SEMINAR**  
**SRI BALAJI VIDYAPEETH**  
**PILLAIYARKUPPAM, PUDUCHERRY – 607 402**  
**EVALUATION SHEET FOR POSTGRADUATE SEMINAR**  
 (To be marked individually by each faculty)

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

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 5: FEEDBACK FOR CASE PRESENTATION**

**SRI BALAJI VIDYAPEETH**

**PILLAIYARKUPPAM, PUDUCHERRY – 607 402**

**EVALUATION SHEET FOR POSTGRADUATE CASE PRESENTATION**

(To be marked individually by each faculty)

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	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:			