

SANKALCHAND PATEL UNIVERSITY

**FACULTY OF MEDICINE
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
(M.B.B.S.)**



**GENERAL MEDICINE
CURRICULUM/SYLLABUS & ASSESSMENT**

**Applicable for batch admitted in M.B.B.S. course from academic year 2024-25
(AS PER COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE
INDIAN MEDICAL GRADUATE 2024)**

Teaching & Evaluation Scheme for Faculty of Medicine

Semester/Year: Third Year M.B.B.S. Part-II
Program Name: Bachelor of Medicine and Bachelor of Surgery
Effective from Academic Year: 2024-2025
Program Code: MB01

Course Code	Subject Name	Hrs/Week			UA		IA		Total	
		L	P	Total	Max	Min	Max	Min	Max	Min
2IM301	General Medicine-I	1	-	1	100	80	-	-	200	150
2IM302	General Medicine-II	1	-	1	100		-	-		
2IM303	General Medicine Practical	-	18	18	100	40	-	-	100	
2IM304	General Medicine IA Theory	-	-	-	-	-	200	80	400	200
2IM305	General Medicine IA Practical	-	-	-	-	-	200	80		

GENERAL MEDICINE

SUBJECT GOAL:

The **goal of teaching General Medicine in MBBS** is to equip medical students with the essential knowledge, skills, and attitudes required to diagnose, manage, and prevent a wide range of medical conditions. This prepares them to provide comprehensive healthcare to patients in both outpatient and inpatient settings.

Objectives of Teaching General Medicine in MBBS

1. **Knowledge-Based Goals**
 - Develop a strong foundation in the pathophysiology, clinical presentation, and management of common diseases.
 - Understand the principles of evidence-based medicine and clinical decision-making.
 - Recognize the importance of preventive medicine and public health in disease management.
2. **Skill-Based Goals**
 - Perform a thorough history-taking and clinical examination.
 - Interpret diagnostic tests (e.g., blood tests, imaging, ECG, etc.).
 - Develop a stepwise approach to formulating differential diagnoses and management plans.
 - Master basic medical procedures such as IV cannulation, lumbar puncture, and resuscitation.
3. **Attitude and Professionalism Goals**
 - Foster empathy, ethics, and effective communication with patients and their families.
 - Work collaboratively in a multidisciplinary healthcare team.
 - Develop lifelong learning habits to stay updated with medical advancements.

End Goal

By the end of MBBS training, students should be competent in recognizing and managing medical conditions independently at a primary care level and know when to refer cases for specialized care.

OBJECTIVES:

At the end of training learning in general medicine, the learner should be able to:

- i. Demonstrate understanding of the pathophysiologic basis, epidemiological profile, signs and symptoms of disease and their investigation and management.
- ii. Competently interview and examine an adult patient and make a clinical diagnosis.
- iii. Appropriately order and interpret laboratory tests.

- iv. Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures.
- v. Follow up of patients with medical problems and refer whenever required.
- vi. Communicate effectively, educate and counsel the patient and family.
- vii. Manage common medical emergencies and refer when required.
- viii. Independently perform common medical procedures safely and understand patient safety issues.
- ix. Diagnose common clinical disorders with special reference to infectious diseases, nutritional disorders, tropical and environmental diseases.
- x. Outline various modes of management including drug therapeutics especially dosage, side effects, toxicity, interactions, indications and contra- indications.
- xi. Propose diagnostic and investigative procedures and ability to interpret them.
- xii. Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required.
- xiii. Recognize geriatric disorders and their management.

- xiv. Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies;
- xv. Refer a patient to secondary and/or tertiary level of health care after having instituted primary care.
- xvi. Perform simple routine investigations like hemogram, stool, urine, sputum and biological fluid examinations.
- xvii. Assist the common bedside investigative procedure like pleural tap, Lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

DURATION:

The General Medicine curriculum will be taught throughout the 2nd and 3rd professional year of undergraduate period, and also in the internship incorporating both vertical and horizontal integration.

General Medicine syllabus (with NMC competency number)

Topic 1: Heart failure	
Number	COMPETENCY The student should be able to
GM 1.1	Describe and discuss the epidemiology, genetic basis ,pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/ valvular, ischemic, hypertrophic inflammatory
GM 1.2	Describe and discuss the aetiology, microbiology, pathogenesis Clinical evolution, criteria, recognition and management of rheumatic fever, and rheumatic valvular heart disease, penicillin prophylaxis and its complications including infective endocarditis
GM 1.3	Define and Stage heart failure
GM 1.4	Describe, discuss, and differentiate the processes involved in Right Vs Left heart failure, systolic vs diastolic failure
GM 1.5	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations
GM 1.6	Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrhythmias, anaemia, thyrotoxicosis, dietary factors drugs etc.
GM 1.7	Describe and discuss the pathogenesis and development of common arrhythmias involved in heart failure particularly atrial Fibrillation
GM 1.8	Elicit document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including: presenting complaints, precipitating and exacerbating factors, risk factors exercise tolerance, changes in sleep patterns, features suggestive of infective endocarditis

GM 1.9	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and Estimate its
	severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation
GM 1.10	Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure
GM 1.11	Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade
GM 1.12	Demonstrate and measure jugular venous distension
GM 1.13	Identify and describe the Timing, pitch quality conduction and significance of precordial murmurs ,their variations , use of dynamic auscultation
GM 1.14	Generate a differential diagnosis based on the clinical presentation of various heart diseases and prioritise it based on the most likely diagnosis
GM 1.15	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures
GM 1.16	Perform and interpret a 12 lead ECG
GM 1.17	Enumerate the indications for and describe the findings of heart failure with the following investigations including: 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram
GM 1.18	Discuss the severity of valvular heart disease based on the clinical and laboratory and Imaging features and describe the level of intervention required including surgery

GM 1.19	Describe and discuss and identify the clinical features of acute and sub-acute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy
GM 1.20	Assist and demonstrate the proper technique in collecting specimen for blood culture
GM 1.21	Describe, prescribe and communicate non pharmacologic management of heart failure including sodium restriction, physical activity and limitations
GM 1.22	Describe and discuss the pharmacology of drugs including indications, contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone antagonists and cardiac glycosides
GM 1.23	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation
GM 1.24	Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology
GM 1.25	Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease
GM 1.26	Elicit document and present an appropriate history, demonstrate correctly general examination, relevant clinical findings and formulate document and present a management plan for an adult patient presenting with a common form of congenital heart disease
GM 1.27	Administer an intramuscular injection with an appropriate communication to the patient

Topic 2: Acute Myocardial Infarction / IHD	
GM 2.1	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease
GM 2.2	Discuss the aetiology of risk factors both modifiable and non modifiable of atherosclerosis and IHD
GM 2.3	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis
GM 2.4	Discuss and describe the pathogenesis natural history, evolution and complications of atherosclerosis and IHD
GM 2.5	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes
GM 2.6	Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes
GM 2.7	Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation
GM 2.8	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on “cannot miss”, most likely diagnosis and severity
GM 2.9	Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation
GM 2.10	Order, perform and interpret an ECG
GM 2.11	Order and interpret a Chest X-ray and markers of acute myocardial
Number	COMPETENCY The student should be able to
	Infarction
GM 2.12	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context

GM 2.13	Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram
GM 2.14	Discuss and describe the indications for admission to a coronary care unit and supportive therapy for a patient with acute coronary Syndrome
GM 2.15	Discuss and describe the medications used in patients with an acute coronary syndrome based on the clinical presentation
GM 2.16	Discuss and describe the indications for acute thrombolysis, PTCA and CABG
GM 2.17	Discuss and describe the indications and methods of cardiac Rehabilitation
GM 2.18	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of Dyslipidemia
GM 2.19	Discuss and describe the pathogenesis, recognition and management of complications of acute coronary syndromes including arrhythmias, shock, LV dysfunction, papillary muscle rupture and pericarditis
GM 2.20	Discuss and describe the assessment and relief of pain in acute coronary syndromes
GM 2.21	Observe and participate in a controlled environment of ACLS Program
GM 2.22	Perform and demonstrate in a mannequin BLS
GM 2.23	Describe and discuss the indications for nitrates, anti-platelet agents, gpIIb IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes
GM 2.24	Counsel and communicate to patients with empathy lifestyle
	changes in atherosclerosis / post coronary syndromes
Topic 3: Pneumonia	
GM3.1	Define, discuss, describe and distinguish community acquired pneumonia nosocomial pneumonia and aspiration pneumonia.

GM3.2	Discuss and describe the aetiologies of various kinds of pneumonia and their microbiology depending on the setting and Immune status of the host
GM3.3	Discuss and describe the pathogenesis, presentation, natural history and complications of pneumonia
GM3.4	Elicit document and present an appropriate history including the evolution, risk factors including Immune status and occupational Risk
GM3.5	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of Disease
GM3.6	Generate document and present a differential diagnosis based on the clinical features, and prioritize the diagnosis based on the Presentation
GM3.7	Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG
GM3.8	Demonstrate on a mannequin, correct technique of collection of blood sample for an arterial blood gas examination
GM3.9	Interpret results of arterial blood gas examination report
GM3.10	Demonstrate on a mannequin, correct technique of pleural fluid Aspiration
Number	COMPETENCY The student should be able to
GM3.11	Outline the correct tests that require to be performed and interpret results of pleural fluid aspiration report
GM3.12	Demonstrate on a mannequin, the correct technique of collection of blood for culture

GM 3.13	Interpret results of blood culture report.
GM3.14	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialized testing
GM3.15	Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum
GM3.16	Select, describe and prescribe based on culture and sensitivity appropriate empirical Antimicrobial based on the pharmacology and antimicrobial spectrum.
GM3.17	Describe and enumerate the indications for hospitalization in patients with pneumonia
GM3.18	Describe and enumerate the indications for isolation and barrier nursing in patients with pneumonia
GM 3.19	Describe and discuss the supportive therapy in patients with pneumonia including oxygen use and indications for ventilation
GM 3.20	Communicate and counsel patient on family on the diagnosis and therapy of pneumonia
GM 3.21	Discuss, describe, enumerate the indications for pneumococcal and influenza vaccines
GM 3.22	Communicate and counsel patient for pneumococcal and influenza Vaccines
Topic 4: Fever and febrile syndromes	
GM4.1	Describe and discuss the febrile response and the influence of host Immune status, risk factors, special populations (elderly, Immunosuppressed, malignancy, neutropenia HIV and travel) and comorbidities on the febrile response
GM 4.2	Describe and discuss the patho-physiology and differences between fever and hyperthermia.

GM 4.3	Enumerate various common causes of fever and hyperthermia in various regions in India.
GM4.4	Describe and discuss the pathophysiology and manifestations of inflammatory causes of fever
GM4.5	Describe and discuss the pathophysiology and manifestations of malignant causes of fever including hematologic and lymph node Malignancies
GM4.6	Discuss the approach to the patient with Acute Febrile Illness.
GM4.7	Discuss and describe the pathophysiology and manifestations of the sepsis syndrome
GM4.8	Describe and discuss the pathophysiology, clinical features and management of heat related illness (heat cramps, heat exhaustion and heat stroke).
GM4.9	Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host neutropenic host nosocomial host and a host with HIV Disease
GM4.10	Elicit document and present a medical history that helps delineate the aetiology of fever that includes the evolution and pattern of fever, associated symptoms, Immune status, comorbidities, risk factors, exposure through occupation, travel and environment and
	medication use
GM4.11	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)
GM4.12	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes

GM4.13	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray and other Imaging, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine and culture, serology, FNAC, biopsy, bone marrow examination and QBC.
GM4.14	Enumerate in a patient with prolonged fever, the indications for various tests and describe the findings in tests of inflammation and specific rheumatologic tests, serologic testing for pathogens including HIV, bone marrow aspiration and biopsy
GM4.15	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment
GM4.16	Enumerate the indications for use of Imaging in the diagnosis of febrile syndromes
GM4.17	Interpret a PPD (Mantoux) in a given patient
GM4.18	Develop and present an appropriate diagnostic plan for patient with prolonged fever based on the clinical presentation, most likely diagnosis in a prioritised and cost-effective manner
GM4.19	Develop an appropriate empiric treatment plan based on the patient's clinical and Immune status pending definitive diagnosis
GM4.20	Communicate to the patient and family the diagnosis and treatment in a case of prolonged fever
Topic 5: Liver disease	
GM 5.1	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia
GM 5.2	Describe and discuss the etiology and pathophysiology of various types of liver diseases.

GM 5.3	Describe and discuss the epidemiology, microbiology, Immunology and clinical evolution of infective (viral) hepatitis
GM 5.4	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease
GM 5.5	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis of liver and portal hypertension including ascites, spontaneous bacterial peritonitis, hepato-renal syndrome, hepatic encephalopathy, acute GI bleed and hepatocellular Carcinoma
GM 5.6	Enumerate and describe the causes and pathophysiology of drug induced liver injury
GM 5.7	Describe and discuss the pathophysiology, clinical evolution and complications Cholelithiasis and cholecystitis
GM 5.8	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history in patients with liver disease
GM 5.9	Perform a systematic examination that establishes the diagnosis
	and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of porto-systemic hypertension and hepatic encephalopathy
GM 5.10	Generate a differential diagnosis and prioritize based on clinical features that suggest a specific aetiology for the presenting symptom in patient with liver disease
GM 5.11	Choose and interpret appropriate diagnostic tests including: CBC, bilirubin, liver function tests, Hepatitis serology and ascitic fluid examination in patient with liver diseases
GM 5.12	Enumerate the indications for ultrasound and other Imaging studies including MRCP and ERCP and describe the findings in liver disease

GM 5.13	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology
GM 5.14	Assist in the performance and interpret the findings of an ascitic fluid analysis
GM 5.15	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis, acute GI Bleed , hepatic encephalopathy and hepatocellular carcinoma
GM 5.16	Enumerate the indications, precautions and counsel patients on vaccination for hepatitis
GM 5.17	Enumerate the indications for hepatic transplantation
Topic 6: HIV	
GM6.1	Describe and discuss the symptoms and signs of acute HIV sero-conversion
GM6.2	Define and classify HIV AIDS based on the CDC criteria
GM6.3	Describe and discuss the relationship between CD4 count and the risk of opportunistic infections
GM6.4	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections
GM6.5	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies
GM6.6	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related skin and oral lesions
GM6.7	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status
GM6.8	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom

GM6.9	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC
GM6.10	Choose and interpret appropriate diagnostic tests to diagnose opportunistic infections including CBC, sputum examination and cultures, blood cultures, stool analysis, CSF analysis, Chest radiographs.
GM6.11	Enumerate the indications and describe the findings for CT of the chest, brain and MRI Brain in a patient with opportunistic infections
GM6.12	Enumerate the indications for and interpret the results of: Pulse oximetry, ABG, Chest Radiograph in a patient with opportunistic infections
GM6.13	Describe and enumerate the indications and side effects of drugs for bacterial, viral and other types of diarrhea in a patient suffering from HIV/AIDS
GM6.14	Discuss and describe the principles of HAART, the classes of antiretroviral used, adverse reactions and interactions in a patient suffering from HIV/AIDS
GM 6.15	Discuss and describe the pathogenesis of IRIS and its management.
GM6.16	Discuss and describe the principles and regimens used in post exposure prophylaxis
GM6.17	Enumerate the indications and discuss prophylactic drugs used to prevent HIV related opportunistic infections
GM6.18	Counsel patients on prevention of HIV transmission.
GM6.19	Communicate diagnosis, treatment plan and subsequent follow up plan to patients with HIV/AIDS
GM6.20	Communicate with patients with HIV/AIDS on the importance of medication adherence
GM6.21	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV/AIDS
GM6.22	Demonstrate a non- judgmental attitude to patients with HIV/AIDS and to their lifestyles including gender orientation

Topic 7: Rheumatologic problems	
GM7.1	Describe the pathophysiology and genetic basis of autoimmune disease
GM7.2	Classify cause of joint pain based on the pathophysiology
GM7.3	Develop a systematic clinical approach to joint pain based on The pathophysiology
GM7.4	Describe and discriminate acute, subacute and chronic causes Of joint pain
GM7.5	Discriminate, describe and discuss arthralgia from arthritis, articular from periarticular complaints and Mechanical from inflammatory causes of joint pain
GM7.6	Describe the common signs and symptoms of Articular and periarticular diseases
GM7.7	Describe the systemic manifestations of rheumatologic disease
GM7.8	Elicit document and present a medical history that will differentiate the aetiologies of disease
GM7.9	Perform a systematic examination of all joints, muscle and skin That will establish the diagnosis andseverity of disease
GM7.10	Generate a differential diagnosis and prioritise based on Clinical features that suggest a specific aetiology
GM7.11	Describe the appropriate diagnostic work up based on the presumed aetiology and Enumerate the indications for and interpret the results of : CBC, anti-CCP,RA, ANA,DNA andother tests Of autoimmunity
GM7.12	Enumerate the indications for arthrocentesis
GM7.13	Enumerate the indications and interpret plain radiographs of joints
GM7.14	Communicate diagnosis, treatment plan and subsequent follow Up plan to patients
GM7.15	Develop an appropriate treatment plan for patients with rheumatologic diseases

GM7.16	Select, prescribe and communicate appropriate medications for relief of joint pain and preventive therapy for crystalline arthropathies
GM7.17	Select, prescribe and communicate treatment option for systemic rheumatologic conditions
GM7.18	Describe the basis for biologic and disease modifying therapy in rheumatologic diseases
GM7.19	Communicate and incorporate patient preferences in the choice Of therapy
GM7.20	Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions
GM7.21	Demonstrate an understanding of the impact of Rheumatologic conditions on quality of life, well-being, work and family
GM7.22	Determine the need fors pecialist consultation
Topic 8: Hypertension	
GM 8.1	Describe and discuss the epidemiology, genetic basis aetiology and the prevalence of primary and secondary hypertension
GM 8.2	Describe and discuss the pathophysiology of hypertension
GM 8.3	Define and classify hypertension
GM 8.4	Describe and discuss the differences between primary and secondary hypertension
GM 8.5	Define, describe and discuss and recognise hypertensive urgency and emergency
GM 8.6	Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension
GM 8.7	Describe, discuss and identify target organ damage due to Hypertension

GM 8.8	Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy
GM 8.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
GM 8.11	Describe the appropriate diagnostic work up based on the presumed aetiology

GM 8.12	Enumerate the indications for and interpret the results of : CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, ECG
GM 8.13	Develop an appropriate treatment plan for essential hypertension
GM 8.14	Recognise, prioritise and manage hypertensive emergencies
GM 8.15	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake
GM 8.16	Perform and interpret a 12 lead ECG
GM 8.17	Counsel a patient and incorporate patient preferences in the management of HTN
GM 8.18	Demonstrate understanding of the impact of Hypertension on quality of life, well being, work and family
GM 8.19	Determine the need for specialist consultation

Topic 9: Anaemia	
GM9.1	Define, describe and classify anemia based on red blood cell sizeandreticulocyte count
GM9.2	Describe and discuss the morphological characteristics, aetiologyandprevalence ofeachofthe causes ofanemia
GM9.3	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, andfamilyhistory

GM9.4	Perform a systematic examination that includes : generalexamination for pallor, oral examination, DOAP of Hyperdynamic circulation, lymphnode and splenic examination
GM9.5	Generate a differential diagnosis and prioritise based on Clinical features that suggest a specific aetiology
GM9.6	Describe the appropriate diagnostic work up based on The presumed aetiology
GM9.7	Describe and discuss the meaning and utility of components of the

	hemogram, various tests for iron deficiency, red cell indices, reticulocyte count, iron studies, peripheral smear, B12 and folate levels
GM9.8	Describe the indications and interpret the results of a bone marrow aspirations and biopsy
GM9.8	Describe the indications and interpret the results of a bone marrow aspirations and biopsy
GM9.9	Describe, develop a diagnostic plan to determine the aetiology Of anemia
GM9.10	Prescribe replacement therapy with iron, B12, folate
GM9.11	Describe the national programs for anemia prevention
GM9.12	Communicate the diagnosis and treatment appropriately to patients
GM9.13	Incorporate patient preferences in the management of anemia
GM9.14	Describe the indications for blood transfusion and the Appropriate use of blood components
GM9.15	Describe the precautions required necessary when performing A blood transfusion
GM9.16	Communicate and counsel patients with methods to prevent nutritional Anemia
GM9.17	Determine the need for specialist consultation

Topic 10: Acute Kidney Injury and Chronic renal failure	
GM10.1	Define, describe, classify, differentiate between the pathophysiologic causes of acute and chronic renal failure
GM10.2	Describe the pathophysiology and causes of pre renal ARF, Renal and post-renal ARF
GM10.3	Describe the evolution, natural history and treatment of ARF
GM10.4	Describe and discuss the aetiology and staging ofCKD
GM10.5	Describe and discuss the pathophysiology and clinical findings Of uraemia
GM10.6	Classify, describe and discuss the significance ofproteinuria in CKD
GM10.7	Describe and discuss the pathophysiology of anemia and hyperparathyroidismin CKD
GM10.8	Describe and discuss the association between CKD glycemia And hypertension
GM10.9	Elicit document and present a medical history that will differentiatethe aetiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and Systemiccauses
GM10.10	Perform a systematic examination that establishes the diagnosisand severity including determination of volume status, presence ofedema and heart failure, features of uraemia and Associated systemic disease
GM10.11	Generate a differential diagnosis and prioritise based on clinical features that suggest a specificaetiology
GM10.12	Describe the appropriate diagnostic work up based on the presumed aetiology
GM10.13	Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap, FENa (Fractional Excretion of Sodium),CrCl (Creatinine Clearance) and renal ultrasound

GM10.14	Identify theECG findings in hyperkalemia
GM10.15	Describe and discuss the indications to perform arterial blood
	gas analysis: interpret the data
GM10.16	Describe and discuss the indications for and insert a Peripheral intravenous catheter
GM10.17	Communicate diagnosis, treatment plan and subsequent follow up plan to patients
GM10.18	Counsel patients on a renal diet
GM10.19	Identify and describe the priorities in the management of ARFincluding diet, volume management, alteration in doses of drugs, monitoring and indicationsfor dialysis
GM10.20	Describe and discuss supportive therapy in CKD including diet, anti- hypertensives, glycemic therapy, dyslipidemia, anemia, hyperkalemia, hyperphosphatemia and Secondary hyperparathyroidism
GM10.21	Describe and discuss the indications for renal dialysis
GM10.22	Describe and discuss the indications for renal replacement therapy
GM10.23	Describe discuss and communicate the ethical and legal Issues involved in renal replacement therapy
GM10.24	Recognise the Impact of CKD on patient’s quality of life, well- being, work and family and Incorporate patient preferences into the care of CKD
Topic 11: Diabetes Mellitus	
GM 11.1	Define and classify diabetes
GM 11.2	Describe and discuss the epidemiology and pathogenesis and risk factors and clinical evolution of type 1 diabetes
GM 11.3	Describe and discuss the epidemiology and pathogenesis and risk factors economic Impact and clinical evolution of type 2 diabetes

GM 11.4	Describe and discuss the genetic background and the influence of the environment on diabetes
GM 11.5	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes
GM 11.6	Describe and discuss the pathogenesis and precipitating factors, recognition and management of diabetic emergencies
GM 11.7	Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease
GM 11.8	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)
GM 11.9	Describe and recognise the clinical features of patients who present with a diabetic emergency
GM 11.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
GM 11.11	Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile
GM 11.12	Perform and interpret a capillary blood glucose test
GM 11.13	Perform and interpret a urinary ketone estimation with a dipstick
GM 11.14	Recognise the presentation of hypoglycaemia and outline the principles on its therapy
GM 11.15	Recognise the presentation of diabetic emergencies and outline the principles of therapy
GM 11.16	Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions
GM 11.17	Outline a therapeutic approach to therapy of T2Diabetes based on presentation, severity and complications in a cost-effective manner

Number	COMPETENCY The student should be able to
GM 11.18	Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and complications of Type II Diabetes including neuropathy, nephropathy, retinopathy, hypertension, dyslipidemia and cardiovascular disease
GM 11.19	Demonstrate and counsel patients on the correct technique to administer insulin
GM11.20	Demonstrate to and counsel patients correct technique on the of self-monitoring of blood glucoses
GM11.21	Recognise the Importance of patient preference while selecting therapy for diabetes
GM 11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment
GM 11.23	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis
GM 11.24	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of Hyperosmolar non ketotic state
Topic 12: Thyroid Dysfunction	
GM 12.1	Describe the epidemiology, genetic basis and pathogenesis of hypothyroidism and hyperthyroidism including the influence of iodine deficiency and autoimmunity in the pathogenesis of thyroid disease
GM 12.2	Describe and discuss the physiology of the hypothalamopituitary - thyroid axis, principles of thyroid function testing and alterations in physiologic function
GM 12.3	Describe and discuss the principles of radio iodine uptake in the diagnosis of thyroid disorders

GM 12.4	Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity
GM 12.5	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the rhythm abnormalities neck palpation of the thyroid and lymph nodes and cardiovascular findings
GM 12.6	Demonstrate the correct technique to palpate the thyroid
GM 12.7	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis
GM 12.8	Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan
GM 12.9	Identify atrial fibrillation, pericardial effusion and bradycardia on ECG
GM 12.10	Interpret thyroid function tests in hypo and hyperthyroidism
GM 12.11	Describe and discuss the iodisation programs of the government of India
GM 12.12	Describe the pharmacology, indications, adverse reaction, interactions of thyroxine and antithyroid drugs
GM 12.13	Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status
GM 12.14	Describe and discuss the indications of thionamide therapy, radio iodine therapy and surgery in the management of thyrotoxicosis
Topic 13: Common Malignancies / Oncology	
GM 13.1	Describe the clinical epidemiology and inherited & modifiable risk factors for common malignancies in India
GM 13.2	Describe the genetic basis of selected cancers
GM 13.3	Describe the relationship between infection and cancers
GM 13.4	Describe the natural history, presentation, course, complications
	and cause of death for common cancers

GM 13.5	Describe the common issues encountered in patients at the end of life and principles of management of end-of-life care.
GM13.6	Describe and distinguish the difference between curative and palliative care in patients with cancer
GM 13.7	Elicit document and present a history that will help establish the aetiology of cancer and includes the appropriate risk factors, duration and evolution
GM13.8	Perform and demonstrate a physical examination that includes an appropriate general and local examination that leads to the diagnosis, extent spread and complications of cancer
GM13.9	Demonstrate in a mannequin the correct technique for performing breast exam rectal examination and cervical examination and pap smear
GM13.10	Generate a differential diagnosis based on the presenting symptoms and clinical features in a cancer patient and identify the most likely diagnosis
GM13.11	Order and interpret diagnostic testing based on the clinical diagnosis in a cancer patient. Including CBC and stool occult blood and prostate specific antigen
GM13.12	Describe the indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers
GM13.13	Describe and assess pain and suffering objectively in a patient with cancer
GM13.14	Describe the indications for surgery, radiation and chemotherapy for common malignancies
GM13.15	Describe the need, tests involved, their utility in the prevention of common malignancies
GM13.16	Demonstrate an understanding of needs and preferences of patients when choosing curative and palliative therapy
GM13.17	Describe and enumerate the indications, use, side effects of narcotics in pain alleviation in patients with cancer
GM13.18	Describe and discuss the ethical and the medico legal issues involved in end-of-life care
GM13.19	Describe the therapies used in alleviating suffering in patients at the end of life

Topic 14: Obesity	
GM 14.1	Define and measure obesity as it relates to the Indian population
GM 14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes
GM 14.1	Define and measure obesity as it relates to the Indian population
GM 14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes
GM 14.3	Describe and discuss the monogenic forms of obesity
GM 14.4	Describe and discuss the impact of environmental factors including eating habits, food, work, environment and physical activity on the incidence of obesity
GM 14.5	Describe and discuss the natural history of obesity and its complications
GM 14.6	Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history clues for secondary causes and motivation to lose weight
GM 14.7	Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities
GM 14.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis
GM 14.9	Order and interpret diagnostic tests based on the clinical diagnosis
	including blood glucose, lipids, thyroid function tests etc.
GM 14.10	Describe the indications and interpret the results of tests for secondary causes of obesity
GM 14.11	Communicate and counsel patient on behavioural, dietary and lifestyle modifications
GM 14.12	Demonstrate an understanding of patient’s inability to adhere to lifestyle instructions and counsel them in a non - judgemental way

GM 14.13	Describe and enumerate the indications, pharmacology, and side effects of pharmacotherapy for obesity and describe and enumerate indications and side effects bariatric surgery
GM 14.14	Describe and enumerate and educate patients, health care workers and the public on measures to prevent obesity and promote a healthy lifestyle
Topic 15: GI Bleeding	
GM 15.1	Enumerate, describe and discuss the aetiology of upper and lower GI bleeding
GM 15.2	Enumerate, describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed
GM 15.3	Describe and discuss the patho-physiological effects of acute blood and volume loss
GM 15.4	Elicit and document and present an appropriate history that identifies the route of bleeding, quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors
GM 15.5	Perform, demonstrate and document a physical examination based on the history that includes general examination, volume assessment and appropriate abdominal examination
GM 15.6	Distinguish between upper and lower gastrointestinal bleeding based on the clinical features
GM 15.7	Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent
GM 15.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritize based on the most likely diagnosis

GM 15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, H. Pylori test.
GM 15.10	Enumerate the indications for endoscopy, colonoscopy and other Imagingcompetencies in the investigation of Upper GI bleeding
GM 15.11	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss
GM 15.12	Enumerate the indications for whole blood, component and platelet transfusion and describe the clinical features and management of a mismatched transfusion
GM 15.13	Observe cross matching and blood / blood component transfusion
GM 15.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of vasopressors used in the treatment of Upper GI bleed
GM 15.15	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of acid peptic disease including Helicobacter pylori
GM 15.16	Enumerate the indications for endoscopic interventions and Surgery in patient with GI Bleeding
GM 15.17	Determine appropriate level of specialist consultation as per clinical, hemodynamic status of the patient with GI bleed
GM 15.18	Counsel the family and patient with GI Bleeding on the diagnosis and therapeutic options in an empathetic non-judgmental manner
Topic 16: Diarrheal Disorders	
GM 16.1	Describe and discuss the aetiology of acute and chronic diarrhea including infectious and non- infectious causes

GM 16.2	Describe and discuss the acute systemic consequences of diarrhea including its impact on fluid balance
GM 16.3	Describe and discuss the chronic effects of diarrhea including malabsorption
GM 16.4	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses in a patient with Diarrhea
GM 16.5	Perform, document and demonstrate a physical examination based on the history that includes general examination, including an appropriate abdominal examination
GM 16.6	Distinguish between diarrhea and dysentery based on clinical features
GM 16.7	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritize based on the most likely diagnosis
Number	COMPETENCY The student should be able to
GM 16.8	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, and stool examination in a patient with acute/chronic diarrhea
GM 16.9	Identify common parasitic causes of diarrhea under the microscope in a stool specimen
GM 16.10	Identify vibrio cholera in a hanging drop specimen
GM 16.11	Enumerate the indications for stool cultures and blood cultures in patients with acute diarrhea
GM 16.12	Enumerate and discuss the indications for further investigations including antibodies, colonoscopy, diagnostic Imaging and biopsy in the diagnosis of chronic diarrhea

GM 16.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic causes of diarrhea
GM 16.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhea
GM 16.15	Distinguish based on the clinical presentation Crohn’s disease from Ulcerative Colitis
GM 16.16	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including Immunotherapy in a patient with chronic diarrhea
GM 16.17	Describe and enumerate the indications for surgery in inflammatory bowel disease
GM 17.1	Define and classify headache and describe the presenting features,
Number	COMPETENCY The student should be able to
	precipitating factors, aggravating and relieving factors of various kinds of headache
GM 17.2	Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches
GM 17.3	Classify migraine and describe the distinguishing features between classical and non-classical forms of migraine
GM 17.4	Demonstrate a detailed neurologic examination in a patient of headache and raised intracranial tension including signs of meningitis
GM 17.5	Generate, document and present a differential diagnosis based on clinical features in a patient with headache.
GM 17.6	Choose and interpret diagnostic testing including Imaging based on clinical diagnosis in a patient with headache

GM17.7	Enumerate the indication of lumbar puncture and describe the findings in CSF in different types of meningitis.
GM17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture
GM17.9	Interpret the CSF findings with various parameters in a given CSF fluid analysis report
GM17.10	Enumerate the indications for emergency care admission and describe Immediate supportive care in patients with headache
GM17.11	Describe the indications, pharmacology, dose, side effects of abortive therapy in migraine
GM17.12	Describe the indications, pharmacology, dose, side effects of prophylactic therapy in migraine
GM17.13	Describe the pharmacology, dose, adverse reactions and regimens of drugs used in the treatment of bacterial, tubercular and viral meningitis
Number	COMPETENCY The student should be able to
GM17.14	Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy
GM 18.1	Describe the functional and the vascular anatomy of the brain
GM 18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing genetic and acquired risk factors and pathogenesis of haemorrhagic and non-haemorrhagic stroke
GM 18.3	Elicit and document and present an appropriate history in a cerebrovascular patient including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accidents
GM 18.4	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history in a stroke patient

GM 18.5	Distinguish the lesion based on upper verses lower motor neuron, side, site and most probable nature of the lesion in a given patient with neurological symptoms/signs
GM 18.6	Elicit, document and present clinical examination of a stroke patient with speech disorder. Enumerate and describe the points for distinguishing the various disorders of speech based on site of lesion.
GM18.7	Describe and distinguish, based on the clinical presentation, the types of bladder dysfunction seen in neurological diseases
GM18.8	Choose and interpret the appropriate Imaging tests that will identify the anatomical site, type and etiology of the lesion in stroke patient
Number	COMPETENCY The student should be able to
GM18.9	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)
GM 18.10	Describe the initial supportive management of a patient presenting with a cerebrovascular accident (CVA)
GM 18.11	Describe management of non-haemorrhagic stroke including use of thrombolytic agents. Enumerate the indications and contraindications of thrombolytic agents in a stroke patient
GM 18.12	Enumerate the indications and contraindications of antiplatelet agents in non-haemorrhagic stroke. Describe the role of antiplatelet agents in stroke patients.
GM 18.13	Describe the management of a patient with haemorrhagic stroke.
GM 18.14	Enumerate the indications for surgery in a haemorrhagic stroke

GM 18.15	Enumerate and describe the indications and modalities of multidisciplinary rehabilitation of patients with a CVA
GM 18.16	Counsel regarding diagnosis, therapy, prognosis and outcome to patient with stroke and his/her family members in an empathetic manner
GM 19.1	Describe the functional neuro-anatomy of the locomotor system of the brain
GM 19.2	Classify movement disorders of the brain based on distribution, rhythm, repetition, exacerbating and relieving factor
GM 19.3	Elicit and document and present an appropriate history including onset, progression precipitating, aggravating and relieving factors, associated symptoms that help identify the cause of the movement
Number	COMPETENCY The student should be able to
	disorder
GM 19.4	Perform, demonstrate and document a physical examination that includes a general examination and a detailed neurologic examination using standard movement rating scales
GM 19.5	Generate, document and present a differential diagnosis based on the history and physical examination in a patient with movement disorder
GM 19.6	Document and describe clinical diagnosis regarding the anatomical location, nature and cause of the lesion based on the clinical presentation and physical examination in a patient with movement disorder
GM 19.7	Choose and interpret diagnostic Imaging tests in the diagnosis of movement disorder
GM 19.8	Discuss and describe the pharmacology, their dose, side effects and interactions of the drugs used in the management of Parkinson’s syndrome

GM 19. 9	Enumerate the indications for use of surgery and botulinum toxin in the treatment of movement disorders
GM 20.1	Define and differentiate between seizures, convulsions and epilepsy.
GM 20.2	Enumerate the etiological classification of epilepsy. Discuss the pathophysiology, clinical evaluation and diagnosis of epilepsy including description of how to recognize different types of epilepsy. Enumerate and discuss the diagnostic tests in epilepsy.
GM20.3	Discuss the management of epilepsy including various antiepileptic medications, their usage and drug interactions.
GM 20.4	Counsel the patient and relatives regarding the safety precautions to be taken during and after an episode of seizure. Demonstrate
Number	COMPETENCY The student should be able to
	patient education on lifestyle modifications including sleep patterns, stress management, alcohol or drug avoidance.
GM 20.5	Discuss acute management of seizure episode
GM21.1	Enumerate the local poisonous snakes and describe the distinguishing marks of each
GM21.2	Describe and demonstrate in a volunteer or a mannequin and educate (to other health care workers/patients) the correct initial management of patient with a snake bite in the field
GM21.3	Describe the initial approach to the stabilisation of the patient who presents with snake bite
GM21.4	Elicit and document and present an appropriate history, the circumstances, time, kind of snake, evolution of symptoms in a patient with snake bite
GM21.5	Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination in a patient with snake bite

GM21.6	Choose and interpret the appropriate diagnostic tests in patients with snake bite
GM21.7	Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti-snake venom
GM21.8	Describe the diagnosis, initial approach, stabilisation and therapy of scorpion envenomation
GM21.9	Describe the diagnosis, initial approach, stabilisation and therapy of bee sting and other envenomation
GM22.1	Describe the initial approach to the stabilisation of the patient who presents with poisoning
Number	COMPETENCY The student should be able to
GM22.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification
GM 22.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis and approach to therapy
GM 22.4	Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis and approach to therapy
GM22.5	Identify and describe a pathophysiologic pattern or toxic syndrome (toxidrome) based on the observed findings
GM22.6	Describe and discuss the toxicology, clinical features, complications, prognosis and specific approach to management of common insecticide poisoning (Organophosphate and carbamate poisoning).
GM22.7	Describe and discuss the clinical features, prognosis and management of aluminium phosphide and zinc phosphide poisoning.
GM22.8	Describe and discuss the clinical features, prognosis and management of Methanol and Ethylene glycol poisoning
GM22.9	Observe and describe the functions and role of a poison centre in suspected poisoning

GM22.10	Describe the medico legal aspects of suspected suicidal or homicidal poisoning
GM22.11	Demonstrate the correct procedure to write a medico legal report on a suspected poisoning
GM22.12	Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy
GM22.13	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture
Number	COMPETENCY The student should be able to
GM 23.1	Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated hypercalcemia
GM 23.2	Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism
GM 23.3	Describe the approach to the management of hypercalcemia
GM 23.4	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management for a patient with hyponatremia
GM 23.5	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient t with hyponatremia
GM 23.6	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hypokalemia
GM 23.7	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hyperkalemia
GM 23.8	Enumerate the causes and describe the clinical and laboratory features of metabolic acidosis
GM 23.9	Enumerate the causes and describe the clinical and laboratory features of metabolic alkalosis

GM 23.10	Enumerate the causes and describe the clinical and laboratory features of respiratory acidosis
GM 23.11	Enumerate the causes and describe the clinical and laboratory features of respiratory alkalosis
GM 23.12	Identify the underlying acid-based disorder based on an ABG report and interpret it in the context of clinical situation
GM 24.1	Discuss and describe the methods of nutritional assessment in
Number	COMPETENCY The student should be able to
	an adult and calculation of caloric requirements during illnesses
GM 24.2	Discuss and describe the causes and consequences of protein-caloric malnutrition in the hospital
GM 24.3	Discuss and describe the aetiology, causes, clinical manifestations, complications, diagnosis and management of common vitamin deficiencies
GM 24.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients
GM 24.5	Counsel and communicate to patients in a simulated environment on an appropriate balanced diet
GM 25.1	Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation and course of common diseases in the elderly
GM 25.2	Describe the multidimensional geriatric assessments that includes medical, psycho-social and functional components
GM 25.3	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of acute confusional states
GM 25.4	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vascular events in the elderly

GM 25.5	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of depression in the elderly
GM 25.6	Describe the etiopathogenesis and clinical presentation of dementia in the elderly. Describe the acute care, stabilization, management and rehabilitation of dementia in elderly
Number	COMPETENCY The student should be able to
GM25.7	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of personality changes in the Elderly
GM25.8	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of osteoporosis in the elderly
GM25.9	Describe and discuss the aetiopathogenesis clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of CVA in the elderly
GM25.10	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly
GM25.11	Describe and discuss the functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surgery
GM25.12	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of degenerative joint disease
GM25.13	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of falls in the elderly
GM25.14	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of common fractures in the elderly

GM25.15	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vision abnormalities and visual loss in the elderly
GM25.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy in the management of disability in the elderly
Number	COMPETENCY The student should be able to
GM25.17	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of hearing loss in the elderly
GM25.18	Describe the Impact of the demographic changes in ageing on the population
GM25.19	Enumerate and describe the social problems in the elderly including isolation, abuse, change in family structure and their impact on Health
GM25.20	Enumerate and describe social interventions in the care of elderly including domiciliary services, rehabilitation facilities, old age homes and state interventions
GM25.21	Enumerate and describe ethical issues in the care of the elderly
GM25.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly
GM 26.1	Describe and discuss the molecular mechanisms of microbial pathogenesis.
GM26.2	Discuss the approach to a patient with an Infectious Disease.

GM 26.3	Elicit document and present a medical history that helps delineate the aetiology of infectious diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and Travel
GM 26.4	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin, mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)
Number	COMPETENCY The student should be able to
GM 26.5	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool
GM 26.6	Enumerate and describe the indications for use of newer techniques in the diagnosis of these infections
GM 26.7	Discuss the approach to the Acutely Ill Infected Febrile Patient
GM 26.8	Describe and discuss the common causes, clinical features and management of infections of the Skin, Muscles and Soft Tissues.
GM 26.9	Describe and discuss the common causes, clinical features and management of liver and other Visceral abscesses.
GM 26.10	Describe and discuss the common causes, clinical features and management of acute infectious diarrheal diseases and bacterial food poisoning.
GM 26.11	Describe and discuss the common causes, clinical features and management of Urinary Tract Infections, Pyelonephritis, and Prostatitis.
GM 26.12	Describe and discuss the common causes, clinical features and management of encephalitis and meningitis.

GM 26.13	Describe and discuss the etiology, pathogenesis, clinical features and management of Clostridial infections like tetanus, botulism and gas gangrene.
GM26.14	Describe and discuss the common causes, clinical features and management OF diseases caused by Gram-Negative Enteric Bacilli.
GM26.15	Describe and discuss the etiopathogenesis, clinical features, complications and management of Helicobacter pylori Infections.
Number	COMPETENCY The student should be able to
GM26.16	Describe and discuss the clinical features, complications and management OF infections due to Pseudomonas and Burkholderia Species.
GM26.17	Describe and discuss the etiopathogenesis, clinical features, complications and management of enteric fever.
GM26.18	Describe and discuss the common causes, etiopathogenesis, clinical features and management of bacterial zoonotic diseases like Leptospirosis, Brucellosis, Plague and Anthrax.
GM26.19	Describe and discuss the pathogenesis, clinical features and management of common diseases caused by Actinomycosis and Nocardia.
GM26.20	Describe and discuss the pathogenesis, clinical features and management of Rickettsial diseases especially of typhus group (Scrub typhus, epidemic typhus and endemic typhus).
GM26.21	Describe and discuss the etiopathogenesis, clinical features, complications and management of Herpes Simplex Virus Infections.
GM26.22	Describe and discuss the etiopathogenesis, clinical features, complications and management of Varicella-Zoster Virus Infections
GM26.23	Describe and discuss the etiopathogenesis, clinical features, complications and management of Common Viral Respiratory Infections, Including COVID-19, SARS, Influenza.

GM26.24	Describe and discuss the etiopathogenesis, clinical features, management and prevention of Rabies.
GM26.25	Describe and discuss the etiopathogenesis, clinical features, complications and management of Dengue.
GM26.26	Describe and discuss the etiopathogenesis, clinical features and management of candidiasis.
GM26.27	Describe and discuss the etiopathogenesis, clinical features, and management of Aspergillosis
GM26.28	Describe and discuss the etiopathogenesis, clinical features, complications and management of Amebiasis.
Number	COMPETENCY The student should be able to
GM26.29	Describe and discuss the etiopathogenesis, clinical features, complications and management of Malaria
GM26.30	Prescribe drugs for malaria based on the species identified, prevalence of drug resistance and national programs.
GM26.31	Describe and discuss the etiopathogenesis, clinical features and management of Leishmaniasis.
GM 26.32	Describe and discuss the etiopathogenesis, clinical features and management of Filarial disease.
GM26.33	Describe and discuss the etiopathogenesis, clinical features, complications and management of Cysticercosis.
GM26.34	Communicate to the patient and family the diagnosis and treatment of identified infection
GM26.35	Counsel the patient and family on prevention of various infections due to environmental issues
GM 27.1	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India
GM 27.2	Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS)

GM 27.3	Discuss and describe the impact of co-infection with HIV and other co-morbid conditions such as diabetes on the natural history of tuberculosis
GM 27.4	Describe the epidemiology, the predisposing factors, microbial and therapeutic factors that determine resistance to anti-tubercular drugs
GM 27.5	Elicit, document and present an appropriate medical history that includes risk factor, contacts, symptoms including cough, fever,
Number	COMPETENCY The student should be able to
	anorexia, weight loss, hemoptysis and symptoms of extra-pulmonary manifestations
GM 27.6	Demonstrate and perform a systematic examination that establishes the diagnosis based on the clinical presentation that includes a a) general examination, b) examination of the chest and lung including loss of volume, mediastinal shift, percussion and auscultation of lung sounds and added sounds c) examination of the lymphatic system and d) relevant CNS examination
GM 27.7	Interpret a PPD (Mantoux Test) and describe and discuss the indications and pitfalls of the test
GM 27.8	Generate a differential diagnosis based on the clinical history and evolution of the disease that prioritizes the most likely diagnosis in patient with history/ examination findings suggestive of Tuberculosis
GM 27.9	Order and interpret diagnostic tests based on the clinical presentation in patient with history/ examination findings suggestive of Tuberculosis including: CBC, Chest X ray PA view, Mantoux Test, sputum smear, culture and sensitivity, pleural fluid examination and culture, HIV testing
GM 27.10	Interpret a sputum gram stain and AFB with antibiotic sensitivity test from a given report
GM 27.11	Enumerate and describe the indications for tests including: serology, special cultures, Polymerase Chain Reaction and anti-tubercular drug sensitivity testing

GM 27.12	Describe and discuss the origin, indications, technique of administration, efficacy and complications of the BCG vaccine
GM 27.13	Describe and discuss the pharmacology of various anti-tuberculous agents, their indications, contraindications, interactions and adverse reactions
GM 27.14	Prescribe an appropriate anti-tuberculosis Regimen based on the location of disease, smear positivity and negativity and comorbidities based on current national guidelines including
GM 28.1	Define and classify obstructive airway disease
GM 28.2	Describe and discuss the epidemiology, risk factors and evolution of obstructive airway disease
GM 28.3	Enumerate and describe the causes of acute episodes in patients with obstructive airway disease
GM 28.4	Describe and discuss the physiology and pathophysiology of hypoxia and hypercapnia
GM 28.5	Describe and discuss the genetics of alpha 1 antitrypsin deficiency in emphysema
GM 28.6	Describe the role of the environment in the cause and exacerbation of obstructive airway disease
GM 28.7	Describe and discuss allergic and non-allergic precipitants of obstructive airway disease
GM 28.8	Elicit document and present a medical history that will differentiate the aetiologies of obstructive airway disease, severity and precipitants
GM 28.9	Perform a systematic examination that establishes the diagnosis and severity that includes measurement of respiratory rate, level of respiratory distress, effort tolerance, breath sounds, added sounds, identification of signs of consolidation, pleural effusion and pneumothorax
GM 28.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology

GM 28.11	Describe, discuss and interpret pulmonary function tests
GM 28.12	Perform and interpret peak expiratory flow rate
GM 28.13	Describe the appropriate diagnostic work up based on the presumed aetiology in patient with Obstructive Airway Disease
GM 28.14	Enumerate the indications for and interpret the results of : Pulse Oximetry, ABG, Chest Radiograph
GM 28.15	Discuss and describe therapies for OAD including bronchodilators, leukotriene inhibitors, mast cell stabilizers, theophylline, inhaled and systemic steroids, oxygen and immunotherapy
GM 28.16	Describe and discuss the indications for vaccinations in OAD
GM 28.17	Develop a therapeutic plan including use of bronchodilators and inhaled corticosteroids
GM 28.18	Develop a management plan for acute exacerbations including bronchodilators, systemic steroids, Antimicrobial therapy
GM 28.19	Describe and discuss the principles and use of oxygen therapy in the hospital and at home
GM 28.20	Describe discuss and counsel patients appropriately on smoking cessation
GM 28.21	Demonstrate and counsel patient on the correct use of inhalers
GM 28.22	Communicate diagnosis, treatment plan and subsequent follow up plan to patients

GM 28.23	Discuss and describe the impact of OAD on patient’s quality of life, wellbeing, work, family, society and workplace
GM 28.24	Discuss and describe preventive measures to reduce OAD in workplaces
GM 28.25	Demonstrate an understanding of patient’s inability to change working, living and environmental factors that influence progression of airway disease
GM 28.26	Demonstrate an understanding for the difficulties faced by patients during smoking cessation
GM 29.1	Describe and discuss the role of non-maleficence as a guiding principle in patient care
GM 29.2	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care
GM 29.3	Describe and discuss the role of beneficence of a guiding principle in patient care
GM 29.4	Identify, discuss and defend medico-legal, sociocultural, economic and ethical issues as it pertains to rights, equity and justice in access to health care
GM 29.5	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making
GM 29.6	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent
GM 29.7	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to research in study participants
GM 29.8	Demonstrate ability to work in a team of peers and superiors

GM 29.9	Demonstrate respect to patient privacy
GM 29.10	Demonstrate ability to maintain confidentiality in patient care
GM 29.11	Demonstrate a commitment to continued learning
GM 29.12	Demonstrate responsibility and work ethics while working in the health care team
GM 29.13	Demonstrate ability to maintain required documentation in health care (including correct use of medical records)
GM 29.14	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities

GM 29.15	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning
GM 29.16	Demonstrate awareness of limitations and seeks help and consultations appropriately
GM 29.17	Demonstrate ability to balance personal and professional priorities
GM 29.18	Demonstrate ability to manage time appropriately
GM 29.19	Demonstrate ability to form and function in appropriate professional networks
GM 29.20	Demonstrate ability to pursue and seek career advancement
GM 29.21	Demonstrate ability to follow risk management and medical error reduction practices where appropriate
GM 29.22	Demonstrate ability to work in a mentoring relationship with junior colleagues
GM 29.23	Demonstrate commitment to learning and scholarship
GM 29.24	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues in dealing with Impaired physicians
GM 29.25	Demonstrate altruism
GM 29.26	Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment

**SUMMARY OF TIME ALLOTTED, TEACHING AND LEARNING METHODS AND
STUDENT ASSESSMENT**
2024-25 batch

Year	Lectures (Hours)	Small Group Learning (Tutorials, Seminar, Integrated Learning) (Hours)	Clinical Postings (Hours)	Self Directed Learning (Hours)	Electives	Total (Hours)
Second Professional Year	20	0	180	0	-0	200
Third Professional Year Part I	20	30	4 Weeks (72 Hrs)	10	72	204
Third Professional Year Part II	110	185	200	40	0	535
AETCOM	0	19	-0	12	-	31
Total	150	234	452	62	72	970

PROPOSED LIST OF TOPIC COVERED AND TEACHING-LEARNING ACTIVITIES IN EACH PROFESSIONAL YEAR

1. Second professional year

A. List of proposed lecture/SDL/SGD

2 ND YEAR PROFESSIONAL PROPOSED THEORY SHEDULE		
Topic 3: Pneumonia		
GM3.1	Define, discuss, describe and distinguish community acquired pneumonia nosocomial pneumonia and aspiration pneumonia.	LGT
GM3.2	Discuss and describe the aetiologies of various kinds of pneumonia and their microbiology depending on the setting and Immune status of the host	LGT
GM3.3	Discuss and describe the pathogenesis, presentation, natural history and complications of pneumonia	LGT
GM3.17	Describe and enumerate the indications for hospitalization in patients with pneumonia	LGT
GM3.18	Describe and enumerate the indications for isolation and barrier nursing in patients with pneumonia	LGT

Comment [cv1]:

GM 3.19	Describe and discuss the supportive therapy in patients with pneumonia including oxygen use and indications for ventilation	LGT
GM 3.21	Discuss, describe, enumerate the indications for pneumococcal and influenza vaccines	LGT
Topic 4: Fever and febrile syndromes		
GM4.1	Describe and discuss the febrile response and the influence of host Immune status, risk factors, special populations (elderly, Immunosuppressed, malignancy, neutropenia HIV and travel) and comorbidities on the febrile response	LGT
GM 4.2	Describe and discuss the patho-physiology and differences between fever and hyperthermia.	LGT
GM 4.3	Enumerate various common causes of fever and hyperthermia in various regions in India.	LGT
GM4.4	Describe and discuss the pathophysiology and manifestations of inflammatory causes of fever	LGT
GM4.5	Describe and discuss the pathophysiology and manifestations of malignant causes of fever including hematologic and lymph node Malignancies	LGT
GM4.6	Discuss the approach to the patient with Acute Febrile Illness.	LGT
GM4.7	Discuss and describe the pathophysiology and manifestations of the sepsis syndrome	LGT
GM4.8	Describe and discuss the pathophysiology, clinical features and management of heat related illness (heat cramps, heat exhaustion and heat stroke).	LGT

GM4.9	Discuss and describe the pathophysiology, aetiology and clinical manifestations of fever of unknown origin (FUO) including in a normal host neutropenic host nosocomial host and a host with HIV Disease	LGT
GM4.14	Enumerate in a patient with prolonged fever, the indications for various tests and describe the findings in tests of inflammation and specific rheumatologic tests, serologic testing for pathogens including HIV, bone marrow aspiration and biopsy	LGT
GM4.16	Enumerate the indications for use of Imaging in the diagnosis of febrile syndromes	LGT
Topic 9: Anaemia		
GM9.1	Define, describe and classify anemia based on red blood cell sizeandreticulocyte count.Describe and discuss the morphological characteristics, aetiologyandprevalence ofeachofthe causes ofanemia	LGT
GM9.2		LGT

B.List of proposed schedule for clinical posting

2 ND YEAR PROFESSIONAL PROPOSED CLINICAL POSING TEACHING SCHEDULE	
GM3.4	Elicit document and present an appropriate history including the evolution, risk factors including Immune status and occupational Risk
GM3.5	Perform, document and demonstrate a physical examination including general examination and appropriate examination of the lungs that establishes the diagnosis, complications and severity of Disease
GM3.6	Generate document and present a differential diagnosis based on the clinical features, and prioritize the diagnosis based on the Presentation
GM3.7	Order and interpret diagnostic tests based on the clinical presentation including: CBC, Chest X ray PA view, Mantoux, sputum gram stain, sputum culture and sensitivity, pleural fluid examination and culture, HIV testing and ABG
GM3.8	Demonstrate on a mannequin, correct technique of collection of blood sample for an arterial blood gas examination
GM3.9	Interpret results of arterial blood gas examination report
GM3.10	Demonstrate on a mannequin, correct technique of pleural fluid Aspiration
GM3.11	Outline the correct tests that require to be performed and interpret results of pleural fluid aspiration report
GM3.12	Demonstrate on a mannequin, the correct technique of collection of blood for culture
GM 3.13	Interpret results of blood culture report.
GM3.14	Describe and enumerate the indications for further testing including HRCT, Viral cultures, PCR and specialized testing

GM3.15	Select, describe and prescribe based on the most likely aetiology, an appropriate empirical antimicrobial based on the pharmacology and antimicrobial spectrum
GM3.16	Select, describe and prescribe based on culture and sensitivity appropriate empirical Antimicrobial based on the pharmacology and antimicrobial spectrum.
GM 3.20	Communicate and counsel patient on family on the diagnosis and therapy of pneumonia
GM 3.22	Communicate and counsel patient for pneumococcal and influenza Vaccines
GM4.10	Elicit document and present a medical history that helps delineate the aetiology of fever that includes the evolution and pattern of fever, associated symptoms, Immune status, comorbidities, risk factors, exposure through occupation, travel and environment and
GM4.11	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)
GM4.12	Generate a differential diagnosis and prioritise based on clinical features that help distinguish between infective, inflammatory, malignant and rheumatologic causes
GM4.13	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, peripheral smear, urinary analysis with sediment, Chest X ray and other Imaging, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool routine culture, serology, FNAC, biopsy, bone marrow examination and QBC.
GM4.15	Observe and assist in the performance of a bone marrow aspiration and biopsy in a simulated environment
GM4.17	Interpret a PPD (Mantoux) in a given patient
GM4.18	Develop and present an appropriate diagnostic plan for patient with prolonged fever based on the clinical presentation, most likely diagnosis in a prioritised and cost-effective manner
GM4.19	Develop an appropriate empiric treatment plan based on the patient's clinical and Immune status pending definitive diagnosis
GM4.20	Communicate to the patient and family the diagnosis and treatment in a case of prolonged fever

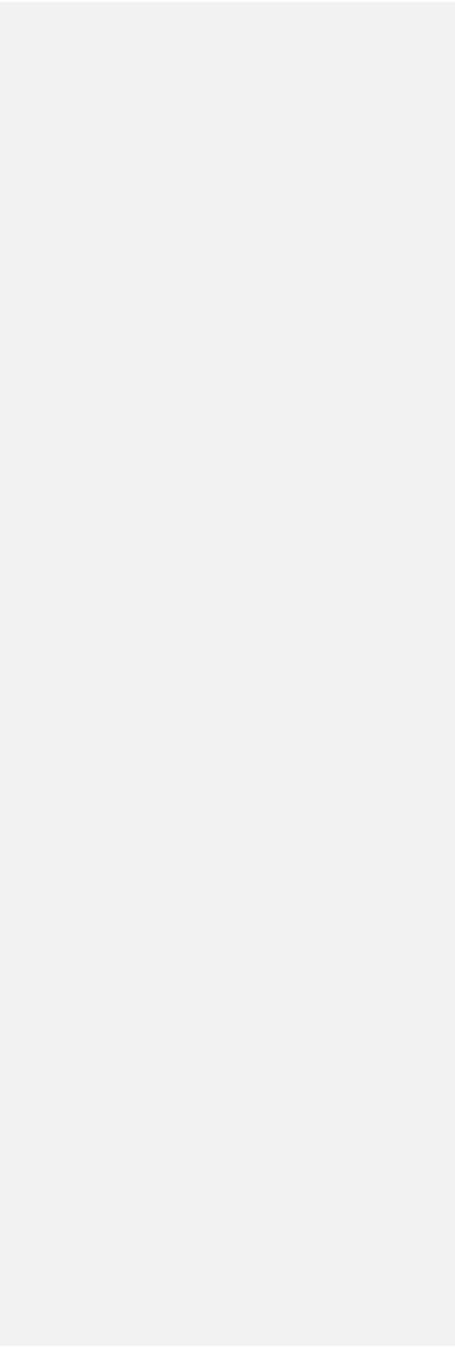
GM9.3	Elicit document and present a medical history that includes symptoms, risk factors including GI bleeding, prior history, medications, menstrual history, andfamilyhistory
GM9.4	Perform a systematic examination that includes : generalexamination for pallor, oral examination, DOAP of Hyperdynamic circulation, lymphnode and splenic examination
GM9.5	nerate a differential diagnosis and prioritise based on Clinical features that suggest a specific aetiology
GM 28.8	Elicit document and present a medical history that will differentiate aetiologies of obstructive airway disease, severity and precipitants
GM 28.9	Perform a systematic examination that establishes the diagnosis and severity that includes measurement of respiratory rate, level of respiratory distress, effort tolerance, breath sounds, added sounds, identification of signs of consolidation, pleural effusion and pneumothorax
GM 28.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology
GM 28.11	Describe, discuss and interpret pulmonary function tests
GM 28.12	Perform and interpret peak expiratory flow rate
GM 28.13	Describe the appropriate diagnostic work up based on the presumed aetiology in patient with Obstructive Airway Disease
GM 28.14	Enumerate the indications for and interpret the results of : Pulse Oximetry, ABG, Chest Radiograph

2. 3rd professional year part 1

A.List of proposed lecture/SDL/SGD

3 rd year professional part 1 proposed teaching schedule		
Topic 1: Heart failure		
GM 1.1	Describe and discuss the epidemiology, genetic basis ,pathogenesis clinical evolution and course of common causes of heart disease including: rheumatic/ valvular, ischemic, hypertrophic inflammatory	LGT
GM 1.2	Describe and discuss the aetiology, microbiology, pathogenesis Clinical evolution, criteria, recognition and management of rheumatic fever, and rheumatic valvular heart disease, penicillin prophylaxis and its complications including infective endocarditis	LGT
GM 1.3	Define and Stage heart failure	LGT
GM 1.4	Describe, discuss, and differentiate the processes involved in Right Vs Left heart failure, systolic vs diastolic failure	LGT
GM 1.5	Describe and discuss the compensatory mechanisms involved in heart failure including cardiac remodelling and neurohormonal adaptations	LGT
GM 1.6	Enumerate, describe and discuss the factors that exacerbate heart failure including ischemia, arrhythmias, anaemia, thyrotoxicosis, dietary factors drugs etc.	LGT
GM 1.7	Describe and discuss the pathogenesis and development of common arrhythmias involved in heart failure particularly atrial Fibrillation	LGT

GM 1.17	Enumerate the indications for and describe the findings of heart failure with the following investigations including: 2D echocardiography, brain natriuretic peptide, exercise testing, nuclear medicine testing and coronary angiogram	LGT
GM 1.18	Discuss the severity of valvular heart disease based on the clinical and laboratory and Imaging features and describe the level of intervention required including surgery	LGT



GM 1.19	Describe and discuss and identify the clinical features of acute and sub-acute endocarditis, echocardiographic findings, blood culture and sensitivity and therapy	LGT
GM 1.20	Assist and demonstrate the proper technique in collecting specimen for blood culture	LGT
GM 1.21	Describe, prescribe and communicate non pharmacologic management of heart failure including sodium restriction, physical activity and limitations	LGT
GM 1.22	Describe and discuss the pharmacology of drugs including indications, contraindications in the management of heart failure including diuretics, ACE inhibitors, Beta blockers, aldosterone antagonists and cardiac glycosides	LGT
GM 1.23	Enumerate the indications for valvuloplasty, valvotomy, coronary revascularization and cardiac transplantation	LGT
GM 1.25	Enumerate the causes of adult presentations of congenital heart disease and describe the distinguishing features between cyanotic and acyanotic heart disease	LGT
Topic 2: Acute Myocardial Infarction / IHD		
GM 2.1	Discuss and describe the epidemiology, antecedents and risk factors for atherosclerosis and ischemic heart disease	LGT
GM 2.2	Discuss the aetiology of risk factors both modifiable and non modifiable of atherosclerosis and IHD	LGT
GM 2.3	Discuss and describe the lipid cycle and the role of dyslipidemia in the pathogenesis of atherosclerosis	LGT
GM 2.4	Discuss and describe the pathogenesis natural history, evolution and complications of atherosclerosis and IHD	LGT
GM 2.5	Define the various acute coronary syndromes and describe their evolution, natural history and outcomes	LGT

GM 2.12	Choose and interpret a lipid profile and identify the desirable lipid profile in the clinical context	SGT
GM 2.13	Discuss and enumerate the indications for and findings on echocardiogram, stress testing and coronary angiogram	SGT
GM 2.14	Discuss and describe the indications for admission to a coronary care unit and supportive therapy for a patient with acute coronary Syndrome	SGT
GM 2.15	Discuss and describe the medications used in patients with an acute coronary syndrome based on the clinical presentation	SGT
GM 2.16	Discuss and describe the indications for acute thrombolysis, PTCA and CABG	SGT
GM 2.17	Discuss and describe the indications and methods of cardiac Rehabilitation	SGT
GM 2.18	Discuss and describe the indications, formulations, doses, side effects and monitoring for drugs used in the management of Dyslipidemia	SGT
GM 2.19	Discuss and describe the pathogenesis, recognition and management of complications of acute coronary syndromes including arrhythmias, shock, LV dysfunction, papillary muscle rupture and pericarditis	SGT
GM 2.20	Discuss and describe the assessment and relief of pain in acute coronary syndromes	SGT
GM 2.21	Observe and participate in a controlled environment of ACLS Program	SGT
GM 2.22	Perform and demonstrate in a mannequin BLS	SGT
GM 2.23	Describe and discuss the indications for nitrates, anti-platelet agents, gpIIb IIIa inhibitors, beta blockers, ACE inhibitors etc in the management of coronary syndromes	SGT
GM 2.24	Counsel and communicate to patients with empathy lifestyle changes in atherosclerosis / post coronary syndromes	SGT
Topic 5: Liver disease		

GM 5.1	Describe and discuss the physiologic and biochemical basis of hyperbilirubinemia	SGT
GM 5.2	Describe and discuss the etiology and pathophysiology of various types of liver diseases.	SGT
GM 5.4	Describe and discuss the pathophysiology and clinical evolution of alcoholic liver disease	SGT
GM 5.5	Describe and discuss the pathophysiology, clinical evolution and complications of cirrhosis of liver and portal hypertension including ascites, spontaneous bacterial peritonitis, hepato-renal syndrome, hepatic encephalopathy, acute GI bleed and hepatocellular Carcinoma	SGT
GM 5.6	Enumerate and describe the causes and pathophysiology of drug induced liver injury	SGT
GM 5.7	Describe and discuss the pathophysiology, clinical evolution and complications Cholelithiasis and cholecystitis	SGT
GM 5.15	Describe and discuss the management of hepatitis, cirrhosis, portal hypertension, ascites spontaneous, bacterial peritonitis, acute GI Bleed , hepatic encephalopathy and hepatocellular carcinoma	SGT
GM 5.16	Enumerate the indications, precautions and counsel patients on vaccination for hepatitis	SGT
GM 5.17	Enumerate the indications for hepatic transplantation	SGT
Topic 6: HIV		
GM6.1	Describe and discuss the symptoms and signs of acute HIV sero-conversion	SGT
GM6.2	Define and classify HIV AIDS based on the CDC criteria	SGT
GM6.3	Describe and discuss the relationship between CD4 count and the risk of opportunistic infections	SGT

GM6.4	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related opportunistic infections	SGT
GM6.5	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related malignancies	SGT
GM6.6	Describe and discuss the pathogenesis, evolution and clinical features of common HIV related skin and oral lesions	SGT
GM6.7	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes risk factors for HIV, mode of infection, other sexually transmitted diseases, risks for opportunistic infections and nutritional status	SGT
GM6.8	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology for the presenting symptom	SGT
GM6.9	Choose and interpret appropriate diagnostic tests to diagnose and classify the severity of HIV-AIDS including specific tests of HIV, CDC	SDL
GM6.10	Choose and interpret appropriate diagnostic tests to diagnose opportunistic infections including CBC, sputum examination and cultures, blood cultures, stool analysis, CSF analysis, Chest radiographs.	SDL
GM6.11	Enumerate the indications and describe the findings for CT of the chest, brain and MRI Brain in a patient with opportunistic infections	SDL
GM6.12	Enumerate the indications for and interpret the results of: Pulse oximetry, ABG, Chest Radiograph in a patient with opportunistic infections	SDL
GM6.13	Describe and enumerate the indications and side effects of drugs for bacterial, viral and other types of diarrhea in a patient suffering from HIV/AIDS	SD L
GM6.14	Discuss and describe the principles of HAART, the classes of	SDL

	antiretroviral used, adverse reactions and interactions in a patient suffering from HIV/AIDS	SDL
GM 6.15	Discuss and describe the pathogenesis of IRIS and its management.	SDL
GM6.16	Discuss and describe the principles and regimens used in post exposure prophylaxis	SDL
GM6.17	Enumerate the indications and discuss prophylactic drugs used to prevent HIV related opportunistic infections	SDL
GM6.18	Counsel patients on prevention of HIV transmission.	SDL

B..List of proposed schedule for clinical postings

CLINICAL POSTINGS	
3RD YEAR PROFESSIONAL PART 1	
GM 1.8	Elicit document and present an appropriate history that will establish the diagnosis, cause and severity of heart failure including: presenting complaints, precipitating and exacerbating factors, risk factors exercise tolerance, changes in sleep patterns, features suggestive of infective endocarditis
GM 1.9	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and Estimate its severity including: measurement of pulse, blood pressure and respiratory rate, jugular venous pulses, peripheral pulses, conjunctiva and fundus, lung, cardiac examination including palpation and auscultation with identification of heart sounds and murmurs, abdominal distension and splenic palpation
GM 1.10	Demonstrate peripheral pulse, volume, character, quality and variation in various causes of heart failure
GM 1.11	Measure the blood pressure accurately, recognise and discuss alterations in blood pressure in valvular heart disease and other causes of heart failure and cardiac tamponade
GM 1.12	Demonstrate and measure jugular venous distension
GM 1.13	Identify and describe the Timing, pitch quality conduction and significance of precordial murmurs ,their variations , use of dynamic auscultation
GM 1.14	Generate a differential diagnosis based on the clinical presentation of various heart diseases and prioritise it based on the most likely Diagnosis
GM 1.15	Order and interpret diagnostic testing based on the clinical diagnosis including 12 lead ECG, Chest radiograph, blood cultures
GM 1.16	Perform and interpret a 12 lead ECG

GM 1.24	Develop document and present a management plan for patients with heart failure based on type of failure, underlying aetiology
GM 1.26	Elicit document and present an appropriate history, demonstrate correctly general examination, relevant clinical findings and formulate document and present a management plan for an adult patient presenting with a common form of congenital heart disease
GM 1.27	Administer an intramuscular injection with an appropriate communication to the patient
GM 2.6	Elicit document and present an appropriate history that includes onset evolution, presentation risk factors, family history, comorbid conditions, complications, medication, history of atherosclerosis, IHD and coronary syndromes
GM 2.7	Perform, demonstrate and document a physical examination including a vascular and cardiac examination that is appropriate for the clinical presentation
GM 2.8	Generate document and present a differential diagnosis based on the clinical presentation and prioritise based on “cannot miss”, most likely diagnosis and severity
GM 2.9	Distinguish and differentiate between stable and unstable angina and AMI based on the clinical presentation
GM 2.10	Order, perform and interpret an ECG
GM 2.11	Order and interpret a Chest X-ray and markers of acute myocardial infarction
GM 5.8	Elicit document and present a medical history that helps delineate the aetiology of the current presentation and includes clinical presentation, risk factors, drug use, sexual history, vaccination history and family history in patients with liver disease
GM 5.9	Perform a systematic examination that establishes the diagnosis and severity that includes nutritional status, mental status, jaundice, abdominal distension ascites, features of porto-systemic hypertension and hepatic encephalopathy
GM 5.10	Generate a differential diagnosis and prioritize based on clinical features that suggest a specific aetiology for the presenting symptom in patient with liver disease
GM 5.11	Choose and interpret appropriate diagnostic tests including: CBC, bilirubin, liver function tests, Hepatitis serology and ascitic fluid examination in patient with liver diseases

GM 5.12	Enumerate the indications for ultrasound and other Imaging studies including MRCP and ERCP and describe the findings in liver disease
GM 5.13	Outline a diagnostic approach to liver disease based on hyperbilirubinemia, liver function changes and hepatitis serology
GM 5.14	Assist in the performance and interpret the findings of an ascitic fluid analysis

1. Third professional year Part 2

A. List of proposed lecture/SDL/SGD

TOPIC 6 :HIV		
GM6.19	Communicate diagnosis, treatment plan and subsequent follow up plan to patients with HIV/AIDS	SGT
GM6.20	Communicate with patients with HIV/AIDS on the importance of medication adherence	SGT
GM6.21	Demonstrate understanding of ethical and legal issues regarding patient confidentiality and disclosure in patients with HIV/AIDS	SGT
GM6.22	Demonstrate a non- judgmental attitude to patients with HIV/AIDS and to their lifestyles including gender orientation	SGT
Topic 7: Rheumatologic problems		
GM7.1	Describe the pathophysiology and genetic basis of autoimmune disease	LGT
GM7.2	Classify cause of joint pain based on the pathophysiology	LGT
GM7.3	Develop a systematic clinical approach to joint pain based on The pathophysiology	LGT
GM7.4	Describe and discriminate acute, subacute and chronic causes Of joint pain	LGT
GM7.5	Discriminate, describe and discuss arthralgia from arthritis, articular from periarticular complaints and Mechanical from inflammatory causes of joint pain	LGT
GM7.8	Elicit document and present a medical history that will differentiate the aetiologies of disease	SGT
GM7.9	Perform a systematic examination of all joints, muscle and skin That will establish the diagnosis andseverity of disease	SGT
GM7.10	Generate a differential diagnosis and prioritise based on Clinical features that suggest a specific aetiology	SGT

GM7.11	Describe the appropriate diagnostic work up based on the presumed aetiology and Enumerate the indications for and interpret the results of : CBC, anti-CCP,RA, ANA,DNA andother tests Of autoimmunity	SGT
GM7.14	Communicate diagnosis, treatment plan and subsequent follow Up plan to patients	SGT
GM7.15	Develop an appropriate treatment plan for patients with rheumatologic diseases	SGT
GM7.16	Select, prescribe and communicate appropriate medications for relief of joint pain and preventive therapy for crystalline arthropathies	SGT
GM7.17	Select, prescribe and communicate treatment option for systemic rheumatologic conditions	SGT
GM7.18	Describe the basis for biologic and disease modifying therapy in rheumatologic diseases	SGT
GM7.19	Communicate and incorporate patient preferences in the choice Of therapy	SGT
GM7.20	Develop and communicate appropriate follow up and monitoring plans for patients with rheumatologic conditions	SGT
GM7.21	Demonstrate an understanding of the impact of Rheumatologic conditions on quality of life, well-being, work and family	SGT
Topic 8: Hypertension		
GM 8.1	Describe and discuss the epidemiology, genetic basis aetiology and the prevalence of primary and secondary hypertension	LGT
GM 8.2	Describe and discuss the pathophysiology of hypertension	LGT
GM 8.3	Define and classify hypertension	LGT
GM 8.4	Describe and discuss the differences between primary and secondary hypertension	LGT

GM 8.5	Define, describe and discuss and recognise hypertensive urgency and emergency	LGT
GM 8.6	Describe and discuss the clinical manifestations of the various aetiologies of secondary causes of hypertension	LGT
GM 8.7	Describe, discuss and identify target organ damage due to Hypertension	LGT
GM 8.8	Elicit document and present a medical history that includes: duration and levels, symptoms, comorbidities, lifestyle, risk factors, family history, psychosocial and environmental factors, dietary assessment, previous and concomitant therapy	SGT
GM 8.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	SGT
GM 8.11	Describe the appropriate diagnostic work up based on the presumed aetiology	LGT
GM 8.12	Enumerate the indications for and interpret the results of : CBC, Urine routine, BUN, Cr, Electrolytes, Uric acid, ECG	LGT
GM 8.13	Develop an appropriate treatment plan for essential hypertension	LGT
GM 8.14	Recognise, prioritise and manage hypertensive emergencies	LGT
GM 8.15	Develop and communicate to the patient lifestyle modification including weight reduction, moderation of alcohol intake, physical activity and sodium intake	SGT
GM 8.16	Perform and interpret a 12 lead ECG	SGT
GM 8.17	Counsel a patient and incorporate patient preferences in the management of HTN	SGT
GM 8.18	Demonstrate understanding of the impact of Hypertension on quality of life, well being, work and family	SGT
GM 8.19	Determine the need for specialist consultation	LGT
Topic 9: Anaemia		
GM9.6	Describe the appropriate diagnostic work up based on The presumed aetiology	SGT

GM9.7	Describe and discuss the meaning and utility of components of the	LGT
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	hemogram, various tests for iron deficiency, red cell indices, reticulocyte count, iron studies, peripheral smear, B12 and folate levels	
GM9.8	Describe the indications and interpret the results of a bone marrow aspirations and biopsy	LGT
GM9.8	Describe the indications and interpret the results of a bone marrow aspirations and biopsy	LGT
GM9.9	Describe, develop a diagnostic plan to determine the aetiology of anemia	LGT
GM9.10	Prescribe replacement therapy with iron, B12, folate	SGT
GM9.11	Describe the national programs for anemia prevention	LGT
GM9.12	Communicate the diagnosis and treatment appropriately to patients	SGT
GM9.13	Incorporate patient preferences in the management of anemia	SGT
GM9.14	Describe the indications for blood transfusion and the appropriate use of blood components	LGT
GM9.15	Describe the precautions required necessary when performing a blood transfusion	LGT
GM9.16	Communicate and counsel patients with methods to prevent nutritional Anemia	SGT
GM9.17	Determine the need for specialist consultation	LGT

Topic 10: Acute Kidney Injury and Chronic renal failure		
GM10.1	Define, describe, classify, differentiate between the pathophysiologic causes of acute and chronic renal failure	LGT
GM10.2	Describe the pathophysiology and causes of pre renal ARF, Renal and post-renal ARF	LGT
GM10.3	Describe the evolution, natural history and treatment of ARF	LGT

GM10.4	Describe and discuss the aetiology and staging ofCKD	LGT
GM10.5	Describe and discuss the pathophysiology and clinical findings Of uraemia	LGT
GM10.6	Classify, describe and discuss the significance ofproteinuria in CKD	LGT
GM10.7	Describe and discuss the pathophysiology of anemia and hyperparathyroidismin CKD	LGT
GM10.8	Describe and discuss the association between CKD glycemia And hypertension	LGT
GM10.9	Elicit document and present a medical history that will differentiatethe aetiologies of disease, distinguish acute and chronic disease, identify predisposing conditions, nephrotoxic drugs and Systemiccauses	SGT
GM10.10	Perform a systematic examination that establishes the diagnosisand severity including determination of volume status, presence ofedema and heart failure, features of uraemia and Associated systemic disease	SGT
GM10.11	Generate a differential diagnosis and prioritise based on clinical features that suggest a specificaetiology	SGT
GM10.12	Describe the appropriate diagnostic work up based on the presumed aetiology	SGT
GM10.13	Enumerate the indications for and interpret the results of : renal function tests, calcium, phosphorus, PTH, urine electrolytes, osmolality, Anion gap, FENa (Fractional Excretion of Sodium),CrCl (Creatinine Clearance) and renal ultrasound	SGT
GM10.14	Identify theECG findings in hyperkalemia	SGT
GM10.15	Describe and discuss the indications to performarterial blood gasanalysis: interpret the data	SGT
GM10.16	Describe and discuss the indications for and insert a Peripheral intravenous catheter	SGT

GM10.17	Communicate diagnosis, treatment plan and subsequent follow up plan to patients	SGT
GM10.18	Counsel patients on a renal diet	SGT
GM10.19	Identify and describe the priorities in the management of ARFincluding diet, volume management, alteration in doses of drugs, monitoring and indicationsfor dialysis	LGT
GM10.20	Describe and discuss supportive therapy in CKD including diet, anti-hypertensives, glycemic therapy, dyslipidemia, anemia, hyperkalemia, hyperphosphatemia and Secondary hyperparathyroidism	LGT
GM10.21	Describe and discuss the indications for renal dialysis	LGT
GM10.22	Describe and discuss the indications for renal replacement therapy	LGT
GM10.23	Describe discuss and communicate the ethical and legal Issues involved in renal replacement therapy	LGT
GM10.24	Recognise the Impact of CKD on patient’s quality of life, well-being, work and family and Incorporate patient preferences into the care of CKD	LGT
Topic 11: Diabetes Mellitus		
GM 11.1	Define and classify diabetes	LGT
GM 11.2	Describe and discuss the epidemiology and pathogenesis and risk factors and clinical evolution of type 1 diabetes	LGT
GM 11.3	Describe and discuss the epidemiology and pathogenesis and risk factors economic Impact and clinical evolution of type 2 diabetes	LGT
GM 11.4	Describe and discuss the genetic background and the influence of the environment on diabetes	LGT
GM 11.5	Describe and discuss the pathogenesis and temporal evolution of microvascular and macrovascular complications of diabetes	LGT
GM 11.6	Describe and discuss the pathogenesis and precipitating factors, recognition and management of diabetic emergencies	LGT
GM 11.7	Elicit document and present a medical history that will differentiate the aetiologies of diabetes including risk factors, precipitating factors, lifestyle, nutritional history, family history, medication history, co-morbidities and target organ disease	LGT

GM 11.8	Perform a systematic examination that establishes the diagnosis and severity that includes skin, peripheral pulses, blood pressure measurement, fundus examination, detailed examination of the foot (pulses, nervous and deformities and injuries)	LGT
GM 11.9	Describe and recognise the clinical features of patients who present with a diabetic emergency	LGT
GM 11.10	Generate a differential diagnosis and prioritise based on clinical features that suggest a specific aetiology	LGT
GM 11.11	Order and interpret laboratory tests to diagnose diabetes and its complications including: glucoses, glucose tolerance test, glycosylated hemoglobin, urinary micro albumin, ECG, electrolytes, ABG, ketones, renal function tests and lipid profile	LGT
GM 11.12	Perform and interpret a capillary blood glucose test	LGT
GM 11.13	Perform and interpret a urinary ketone estimation with a dipstick	LGT
GM 11.14	Recognise the presentation of hypoglycaemia and outline the principles on its therapy	LGT
GM 11.15	Recognise the presentation of diabetic emergencies and outline the principles of therapy	LGT
GM 11.16	Discuss and describe the pharmacologic therapies for diabetes their indications, contraindications, adverse reactions and interactions	LGT
GM 11.17	Outline a therapeutic approach to therapy of T2Diabetes based on presentation, severity and complications in a cost-effective manner	LGT
GM 11.18	Describe and discuss the pharmacology, indications, adverse reactions and interactions of drugs used in the prevention and treatment of target organ damage and complications of Type II Diabetes including neuropathy, nephropathy, retinopathy, hypertension, dyslipidemia and cardiovascular disease	LGT
GM 11.19	Demonstrate and counsel patients on the correct technique to administer insulin	LGT
GM11.20	Demonstrate to and counsel patients correct technique on the of self-monitoring of blood glucoses	LGT
GM11.21	Recognise the Importance of patient preference while selecting therapy for diabetes	LGT

GM 11.22	Enumerate the causes of hypoglycaemia and describe the counter hormone response and the initial approach and treatment	LGT
GM 11.23	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of diabetic ketoacidosis	LGT
GM 11.24	Describe the precipitating causes, pathophysiology, recognition, clinical features, diagnosis, stabilisation and management of Hyperosmolar non ketotic state	LGT
Topic 12: Thyroid Dysfunction		
GM 12.1	Describe the epidemiology, genetic basis and pathogenesis of hypothyroidism and hyperthyroidism including the influence of iodine deficiency and autoimmunity in the pathogenesis of thyroid disease	LGT
GM 12.2	Describe and discuss the physiology of the hypothalamopituitary - thyroid axis, principles of thyroid function testing and alterations in physiologic function	LGT
GM 12.3	Describe and discuss the principles of radio iodine uptake in the diagnosis of thyroid disorders	LGT
GM 12.4	Elicit document and present an appropriate history that will establish the diagnosis cause of thyroid dysfunction and its severity	SGT
GM 12.5	Perform and demonstrate a systematic examination based on the history that will help establish the diagnosis and severity including systemic signs of thyrotoxicosis and hypothyroidism, palpation of the rhythm abnormalities neck palpation of the thyroid and lymph nodes and cardiovascular findings	SGT
GM 12.6	Demonstrate the correct technique to palpate the thyroid	SGT
GM 12.7	Generate a differential diagnosis based on the clinical presentation and prioritise it based on the most likely diagnosis	SGT
GM 12.8	Order and interpret diagnostic testing based on the clinical diagnosis including CBC, thyroid function tests and ECG and radio iodine uptake and scan	SGT
GM 12.9	Identify atrial fibrillation, pericardial effusion and bradycardia on ECG	SGT

GM 12.10	Interpret thyroid function tests in hypo and hyperthyroidism	SGT
GM 12.11	Describe and discuss the iodisation programs of the government of India	SGT
GM 12.12	Describe the pharmacology, indications, adverse reaction, interactions of thyroxine and antithyroid drugs	SGT
GM 12.13	Write and communicate to the patient appropriately a prescription for thyroxine based on age, sex, and clinical and biochemical status	SGT
GM 12.14	Describe and discuss the indications of thionamide therapy, radio iodine therapy and surgery in the management of thyrotoxicosis	SGT
Topic 13: Common Malignancies / Oncology		
GM 13.1	Describe the clinical epidemiology and inherited & modifiable risk factors for common malignancies in India	SGT
GM 13.2	Describe the genetic basis of selected cancers	SGT
GM 13.3	Describe the relationship between infection and cancers	SGT
GM 13.4	Describe the natural history, presentation, course, complications	SGT
	and cause of death for common cancers	
GM 13.5	Describe the common issues encountered in patients at the end of life and principles of management of end-of-life care.	SGT
GM13.6	Describe and distinguish the difference between curative and palliative care in patients with cancer	SGT
GM 13.7	Elicit document and present a history that will help establish the aetiology of cancer and includes the appropriate risk factors, duration and evolution	SGT
GM13.8	Perform and demonstrate a physical examination that includes an appropriate general and local examination that leads to the diagnosis, extent spread and complications of cancer	SGT
GM13.9	Demonstrate in a mannequin the correct technique for performing breast exam rectal examination and cervical examination and pap smear	SGT

GM13.10	Generate a differential diagnosis based on the presenting symptoms and clinical features in a cancer patient and identify the most likely diagnosis	SDL
GM13.11	Order and interpret diagnostic testing based on the clinical diagnosis in a cancer patient. Including CBC and stool occult blood and prostate specific antigen	SDL
GM13.12	Describe the indications and interpret the results of Chest X Ray, mammogram, skin and tissue biopsies and tumor markers used in common cancers	SDL
GM13.13	Describe and assess pain and suffering objectively in a patient with cancer	SDL
GM13.14	Describe the indications for surgery, radiation and chemotherapy for common malignancies	SDL
GM13.15	Describe the need, tests involved, their utility in the prevention of common malignancies	SDL
GM13.16	Demonstrate an understanding of needs and preferences of patients when choosing curative and palliative therapy	SDL
GM13.17	Describe and enumerate the indications, use, side effects of narcotics in pain alleviation in patients with cancer	SDL
GM13.18	Describe and discuss the ethical and the medico legal issues involved in end-of-life care	SDL
GM13.19	Describe the therapies used in alleviating suffering in patients at the end of life	SDL
Topic 14: Obesity		
GM 14.1	Define and measure obesity as it relates to the Indian population	LGT
GM 14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes	LGT
GM 14.1	Define and measure obesity as it relates to the Indian population	LGT
GM 14.2	Describe and discuss the aetiology of obesity including modifiable and non-modifiable risk factors and secondary causes	LGT
GM 14.3	Describe and discuss the monogenic forms of obesity	LGT
GM 14.4	Describe and discuss the impact of environmental factors including eating habits, food, work, environment and physical activity on the incidence of obesity	LGT

GM 14.5	Describe and discuss the natural history of obesity and its complications	LGT
GM 14.6	Elicit and document and present an appropriate history that includes the natural history, dietary history, modifiable risk factors, family history clues for secondary causes and motivation to lose weight	SDL
GM 14.7	Perform, document and demonstrate a physical examination based on the history that includes general examination, measurement of abdominal obesity, signs of secondary causes and comorbidities	SDL
GM 14.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritise based on the most likely diagnosis	SDL
GM 14.9	Order and interpret diagnostic tests based on the clinical diagnosis	SDL
	including blood glucose, lipids, thyroid function tests etc.	
GM 14.10	Describe the indications and interpret the results of tests for secondary causes of obesity	SDL
GM 14.11	Communicate and counsel patient on behavioural, dietary and lifestyle modifications	SDL
GM 14.12	Demonstrate an understanding of patient’s inability to adhere to lifestyle instructions and counsel them in a non - judgemental way	SDL
GM 14.13	Describe and enumerate the indications, pharmacology, and side effects of pharmacotherapy for obesity and describe and enumerate indications and side effects bariatric surgery	LGT
GM 14.14	Describe and enumerate and educate patients, health care workers and the public on measures to prevent obesity and promote a healthy lifestyle	LGT
Topic 15: GI Bleeding		
GM 15.1	Enumerate, describe and discuss the aetiology of upper and lower GI bleeding	LGT
GM 15.2	Enumerate, describe and discuss the evaluation and steps involved in stabilizing a patient who presents with acute volume loss and GI bleed	LGT

GM 15.3	Describe and discuss the patho-physiological effects of acute blood and volume loss	LGT
GM 15.4	Elicit and document and present an appropriate history that identifies the route of bleeding, quantity, grade, volume loss, duration, etiology, comorbid illnesses and risk factors	SDL
GM 15.5	Perform, demonstrate and document a physical examination based on the history that includes general examination, volume assessment and appropriate abdominal examination	SDL
GM 15.6	Distinguish between upper and lower gastrointestinal bleeding based on the clinical features	LGT
GM 15.7	Demonstrate the correct technique to perform an anal and rectal examination in a mannequin or equivalent	SDL
GM 15.8	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritize based on the most likely diagnosis	LGT
GM 15.9	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, PT and PTT, stool examination, occult blood, liver function tests, H. Pylori test.	SDL
GM 15.10	Enumerate the indications for endoscopy, colonoscopy and other Imagingcompetencies in the investigation of Upper GI bleeding	SDL
GM 15.11	Develop, document and present a treatment plan that includes fluid resuscitation, blood and blood component transfusion, and specific therapy for arresting blood loss	LGT
GM 15.12	Enumerate the indications for whole blood, component and platelet transfusion and describe the clinical features and management of a mismatched transfusion	LGT
GM 15.13	Observe cross matching and blood / blood component transfusion	SDL

GM 15.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of vasopressors used in the treatment of Upper GI bleed	LGT
GM 15.15	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy of acid peptic disease including Helicobacter pylori	LGT
GM 15.16	Enumerate the indications for endoscopic interventions and Surgery in patient with GI Bleeding	LGT
GM 15.17	Determine appropriate level of specialist consultation as per clinical, hemodynamic status of the patient with GI bleed	SDL
GM 15.18	Counsel the family and patient with GI Bleeding on the diagnosis and therapeutic options in an empathetic non-judgmental manner	SDL
Topic 16: Diarrheal Disorders		
GM 16.1	Describe and discuss the aetiology of acute and chronic diarrhea including infectious and non- infectious causes	LGT
GM 16.2	Describe and discuss the acute systemic consequences of diarrhea including its impact on fluid balance	LGT
GM 16.3	Describe and discuss the chronic effects of diarrhea including malabsorption	LGT
GM 16.4	Elicit and document and present an appropriate history that includes the natural history, dietary history, travel, sexual history and other concomitant illnesses in a patient with Diarrhea	SDL
GM 16.5	Perform, document and demonstrate a physical examination based on the history that includes general examination, including an appropriate abdominal examination	SDL
GM 16.6	Distinguish between diarrhea and dysentery based on clinical features	SDL

GM 16.7	Generate a differential diagnosis based on the presenting symptoms and clinical features and prioritize based on the most likely diagnosis	SDL
GM 16.8	Choose and interpret diagnostic tests based on the clinical diagnosis including complete blood count, and stool examination in a patient with acute/chronic diarrhea	SDL
GM 16.9	Identify common parasitic causes of diarrhea under the microscope in a stool specimen	SDL
GM 16.10	Identify vibrio cholera in a hanging drop specimen	SDL
GM 16.11	Enumerate the indications for stool cultures and blood cultures in patients with acute diarrhea	LGT
GM 16.12	Enumerate and discuss the indications for further investigations including antibodies, colonoscopy, diagnostic Imaging and biopsy in the diagnosis of chronic diarrhea	LGT
GM 16.13	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for parasitic causes of diarrhea	LGT
GM 16.14	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy for bacterial and viral diarrhea	LGT
GM 16.15	Distinguish based on the clinical presentation Crohn’s disease from Ulcerative Colitis	LGT
GM 16.16	Describe and enumerate the indications, pharmacology and side effects of pharmacotherapy including Immunotherapy in a patient with chronic diarrhea	LGT
GM 16.17	Describe and enumerate the indications for surgery in inflammatory bowel disease	LGT
Topic 17: Headache		
GM 17.1	Define and classify headache and describe the presenting features,	LGT
	precipitating factors, aggravating and relieving factors of various kinds of headache	

GM 17.2	Elicit and document and present an appropriate history including aura, precipitating aggravating and relieving factors, associated symptoms that help identify the cause of headaches	SDL
GM 17.3	Classify migraine and describe the distinguishing features between classical and non-classical forms of migraine	LGT
GM17.7	Enumerate the indication of lumbar puncture and describe the findings in CSF in different types of meningitis.	LGT
GM17.8	Demonstrate in a mannequin or equivalent the correct technique for performing a lumbar puncture	SDL
GM17.10	Enumerate the indications for emergency care admission and describe Immediate supportive care in patients with headache	LGT
GM17.11	Describe the indications, pharmacology, dose, side effects of abortive therapy in migraine	LGT
GM17.12	Describe the indications, pharmacology, dose, side effects of prophylactic therapy in migraine	LGT
GM17.13	Describe the pharmacology, dose, adverse reactions and regimens of drugs used in the treatment of bacterial, tubercular and viral meningitis	LGT
GM17.14	Counsel patients with migraine and tension headache on lifestyle changes and need for prophylactic therapy	SDL
Topic 18 : Cerebrovascular Accident		
GM 18.1	Describe the functional and the vascular anatomy of the brain	LGT
GM 18.2	Classify cerebrovascular accidents and describe the aetiology, predisposing genetic and acquired risk factors and pathogenesis of haemorrhagic and non-haemorrhagic stroke	LGT
GM18.9	Choose and interpret the appropriate diagnostic testing in young patients with a cerebrovascular accident (CVA)	LGT
GM 18.10	Describe the initial supportive management of a patient presenting with a cerebrovascular accident (CVA)	LGT

GM 18.11	Describe management of non-haemorrhagic stroke including use of thrombolytic agents. Enumerate the indications and contraindications of thrombolytic agents in a stroke patient	LGT
GM 18.12	Enumerate the indications and contraindications of antiplatelet agents in non-haemorrhagic stroke. Describe the role of antiplatelet agents in stroke patients.	LGT
GM 18.13	Describe the management of a patient with haemorrhagic stroke.	LGT
GM 18.14	Enumerate the indications for surgery in a haemorrhagic stroke	LGT
GM 18.15	Enumerate and describe the indications and modalities of multidisciplinary rehabilitation of patients with a CVA	LGT
GM 18.16	Counsel regarding diagnosis, therapy, prognosis and outcome to patient with stroke and his/her family members in an empathetic manner	SGT
Topic 19: Movement Disorders		
GM 19.1	Describe the functional neuro-anatomy of the locomotor system of the brain	SGT
GM 19.2	Classify movement disorders of the brain based on distribution, rhythm, repetition, exacerbating and relieving factor	SGT
GM 19.3	Elicit and document and present an appropriate history including onset, progression precipitating, aggravating and relieving factors, associated symptoms that help identify the cause of the movement	SGT
	disorder	
GM 19.8	Discuss and describe the pharmacology, their dose, side effects and interactions of the drugs used in the management of Parkinson’s syndrome	SGT
GM 19.9	Enumerate the indications for use of surgery and botulinum toxin in the treatment of movement disorders	SGT

Topic 20: Seizure Disorder		
GM 20.1	Define and differentiate between seizures, convulsions and epilepsy.	SGT
GM 20.2	Enumerate the etiological classification of epilepsy. Discuss the pathophysiology, clinical evaluation and diagnosis of epilepsy including description of how to recognize different types of epilepsy. Enumerate and discuss the diagnostic tests in epilepsy.	SGT
GM20.3	Discuss the management of epilepsy including various antiepileptic medications, their usage and drug interactions.	SGT
GM 20.4	Counsel the patient and relatives regarding the safety precautions to be taken during and after an episode of seizure. Demonstrate	SDL
	patient education on lifestyle modifications including sleep patterns, stress management, alcohol or drug avoidance.	
GM 20.5	Discuss acute management of seizure episode	SGT
Topic 21: Envenomation		
GM21.1	Enumerate the local poisonous snakes and describe the distinguishing marks of each	SGT
GM21.2	Describe and demonstrate in a volunteer or a mannequin and educate (to other health care workers/patients) the correct initial management of patient with a snake bite in the field	SGT
GM21.3	Describe the initial approach to the stabilisation of the patient who presents with snake bite	SGT
GM21.4	Elicit and document and present an appropriate history, the circumstances, time, kind of snake, evolution of symptoms in a patient with snake bite	SDL
GM21.5	Perform a systematic examination, document and present a physical examination that includes general examination, local examination, appropriate cardiac and neurologic examination in a patient with snake bite	SDL

GM21.6	Choose and interpret the appropriate diagnostic tests in patients with snake bite	SGT
GM21.7	Enumerate the indications and describe the pharmacology, dose, adverse reactions, hypersensitivity reactions of anti-snake venom	SGT
GM21.8	Describe the diagnosis, initial approach, stabilisation and therapy of scorpion envenomation	SGT
GM21.9	Describe the diagnosis, initial approach, stabilisation and therapy of bee sting and other envenomation	SGT
Topic 22: Poisoning		
GM22.1	Describe the initial approach to the stabilisation of the patient who presents with poisoning	SGT
GM22.2	Enumerate the common plant poisons seen in your area and describe their toxicology, clinical features, prognosis and specific approach to detoxification	SGT
GM 22.3	Enumerate the common corrosives used in your area and describe their toxicology, clinical features, prognosis and approach to therapy	SGT
GM 22.4	Enumerate the commonly observed drug overdose in your area and describe their toxicology, clinical features, prognosis and approach to therapy	SGT
GM22.5	Identify and describe a pathophysiologic pattern or toxic syndrome (toxidrome) based on the observed findings	SGT
GM22.6	Describe and discuss the toxicology, clinical features, complications, prognosis and specific approach to management of common insecticide poisoning (Organophosphate and carbamate poisoning).	SGT
GM22.7	Describe and discuss the clinical features, prognosis and management of aluminium phosphide and zinc phosphide poisoning.	SGT
GM22.8	Describe and discuss the clinical features, prognosis and management of Methanol and Ethylene glycol poisoning	SGT
GM22.9	Observe and describe the functions and role of a poison centre in suspected poisoning	SGT
GM22.10	Describe the medico legal aspects of suspected suicidal or homicidal poisoning	SGT

GM22.11	Demonstrate the correct procedure to write a medico legal report on a suspected poisoning	SGT
GM22.12	Counsel family members of a patient with suspected poisoning about the clinical and medico legal aspects with empathy	SGT
GM22.13	Enumerate the indications for psychiatric consultation and describe the precautions to be taken in a patient with suspected suicidal ideation / gesture	SGT
Topic 23: Mineral, Fluid Electrolyte and Acid base Disorder		
GM 23.1	Enumerate the causes of hypercalcemia and distinguish the features of PTH vs non PTH mediated Hypercalcemia	SGT
GM 23.2	Describe the aetiology, clinical manifestations, diagnosis and clinical approach to primary hyperparathyroidism	SGT
GM 23.3	Describe the approach to the management of hypercalcemia	SGT
GM 23.4	Enumerate the causes and describe the clinical features and the correct approach to the diagnosis and management for a patient with hyponatremia	SGT
GM 23.5	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient t with hyponatremia	SGT
GM 23.6	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hypokalemia	SGT
GM 23.7	Enumerate the causes and describe the clinical and laboratory features and the correct approach to the diagnosis and management of the patient with hyperkalemia	SGT
GM 23.8	Enumerate the causes and describe the clinical and laboratory features of metabolic acidosis	SGT
GM 23.9	Enumerate the causes and describe the clinical and laboratory features of metabolic alkalosis	SGT
GM 23.10	Enumerate the causes and describe the clinical and laboratory features of respiratory acidosis	SGT

GM 23.11	Enumerate the causes and describe the clinical and laboratory features of respiratory alkalosis	SGT
GM 23.12	Identify the underlying acid-based disorder based on an ABG report and interpret it in the context of clinical situation	SGT
Topic: 24 Nutritional and Vitamin Deficiencies		
GM 24.1	Discuss and describe the methods of nutritional assessment in	SDL
	an adult and calculation of caloric requirements during illnesses	
GM 24.2	Discuss and describe the causes and consequences of protein-caloric malnutrition in the hospital	SGT
GM 24.3	Discuss and describe the aetiology, causes, clinical manifestations, complications, diagnosis and management of common vitamin deficiencies	SGT
GM 24.4	Enumerate the indications for enteral and parenteral nutrition in critically ill patients	SGT
GM 24.5	Counsel and communicate to patients in a simulated environment on an appropriate balanced diet	SGT
Topic 25: Geriatrics		
GM 25.1	Describe and discuss the epidemiology, pathogenesis, clinical evolution, presentation and course of common diseases in the elderly	SGT
GM 25.2	Describe the multidimensional geriatric assessments that includes medical, psycho-social and functional components	SGT
GM 25.3	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of acute confusional states	SGT
GM 25.4	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vascular events in the elderly	SGT
GM 25.5	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of depression in the elderly	SGT

GM 25.6	Describe the etiopathogenesis and clinical presentation of dementia in the elderly. Describe the acute care, stabilization, management and rehabilitation of dementia in elderly	SGT
GM25.7	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of personality changes in the Elderly	SGT
GM25.8	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of osteoporosis in the elderly	SGT
GM25.9	Describe and discuss the aetiopathogenesis clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of CVA in the elderly	SGT
GM25.10	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of COPD in the elderly	SGT
GM25.11	Describe and discuss the functional changes, acute care, stabilization, management and rehabilitation of the elderly undergoing surgery	SGT
GM25.12	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of degenerative joint disease	SGT
GM25.13	Describe and discuss the etiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of falls in the elderly	SGT
GM25.14	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of common fractures in the elderly	SGT
GM25.15	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of vision abnormalities and visual loss in the elderly	SGT
GM25.16	Describe and discuss the principles of physical and social rehabilitation, functional assessment, role of physiotherapy and occupational therapy in the management of disability in the elderly	SGT

GM25.17	Describe and discuss the aetiopathogenesis, clinical presentation, identification, functional changes, acute care, stabilization, management and rehabilitation of hearing loss in the elderly	SGT
GM25.18	Describe the Impact of the demographic changes in ageing on the population	SGT
GM25.19	Enumerate and describe the social problems in the elderly including isolation, abuse, change in family structure and their impact on Health	SGT
GM25.20	Enumerate and describe social interventions in the care of elderly including domiciliary services, rehabilitation facilities, old age homes and state interventions	SGT
GM25.21	Enumerate and describe ethical issues in the care of the elderly	SGT
GM25.22	Describe and discuss the aetiopathogenesis, clinical presentation, complications, assessment and management of nutritional disorders in the elderly	SGT
Topic 26: Infectious Diseases		
GM 26.1	Describe and discuss the molecular mechanisms of microbial pathogenesis.	SGT
GM26.2	Discuss the approach to a patient with an Infectious Disease.	SGT
GM 26.3	Elicit document and present a medical history that helps delineate the aetiology of infectious diseases that includes the evolution and pattern of symptoms, risk factors, exposure through occupation and Travel	SGT
GM 26.4	Perform a systematic examination that establishes the diagnosis and severity of presentation that includes: general skin, mucosal and lymph node examination, chest and abdominal examination (including examination of the liver and spleen)	SGT

GM 26.5	Order and interpret diagnostic tests based on the differential diagnosis including: CBC with differential, blood biochemistry, peripheral smear, urinary analysis with sediment, Chest X ray, blood and urine cultures, sputum gram stain and cultures, sputum AFB and cultures, CSF analysis, pleural and body fluid analysis, stool	SGT
GM 26.6	Enumerate and describe the indications for use of newer techniques in the diagnosis of these infections	SGT
GM 26.7	Discuss the approach to the Acutely Ill Infected Febrile Patient	SGT
GM 26.8	Describe and discuss the common causes, clinical features and management of infections of the Skin, Muscles and Soft Tissues.	SGT
GM 26.9	Describe and discuss the common causes, clinical features and management of liver and other Visceral abscesses.	SGT
GM 26.10	Describe and discuss the common causes, clinical features and management of acute infectious diarrheal diseases and bacterial food poisoning.	SGT
GM 26.11	Describe and discuss the common causes, clinical features and management of Urinary Tract Infections, Pyelonephritis, and Prostatitis.	SGT
GM 26.12	Describe and discuss the common causes, clinical features and management of encephalitis and meningitis.	SGT
GM 26.13	Describe and discuss the etiology, pathogenesis, clinical features and management of Clostridial infections like tetanus, botulism and gas gangrene.	SGT
GM26.14	Describe and discuss the common causes, clinical features and management OF diseases caused by Gram-Negative Enteric Bacilli.	SGT
GM26.15	Describe and discuss the etiopathogenesis, clinical features, complications and management of Helicobacter pylori Infections.	SGT
GM26.16	Describe and discuss the clinical features, complications and management OF infections due to Pseudomonas and Burkholderia Species.	SGT

GM26.17	Describe and discuss the etiopathogenesis, clinical features, complications and management of enteric fever.	SGT
GM26.18	Describe and discuss the common causes, etiopathogenesis, clinical features and management of bacterial zoonotic diseases like Leptospirosis, Brucellosis, Plague and Anthrax.	SGT
GM26.19	Describe and discuss the pathogenesis, clinical features and management of common diseases caused by Actinomycosis and Nocardia.	SGT
GM26.20	Describe and discuss the pathogenesis, clinical features and management of Rickettsial diseases especially of typhus group (Scrub typhus, epidemic typhus and endemic typhus).	SGT
GM26.21	Describe and discuss the etiopathogenesis, clinical features, complications and management of Herpes Simplex Virus Infections.	SGT
GM26.22	Describe and discuss the etiopathogenesis, clinical features, complications and management of Varicella-Zoster Virus Infections	SGT
GM26.23	Describe and discuss the etiopathogenesis, clinical features, complications and management of Common Viral Respiratory Infections, Including COVID-19, SARS, Influenza.	SGT
GM26.24	Describe and discuss the etiopathogenesis, clinical features, management and prevention of Rabies.	SGT
GM26.25	Describe and discuss the etiopathogenesis, clinical features, complications and management of Dengue.	SGT
GM26.26	Describe and discuss the etiopathogenesis, clinical features and management of candidiasis.	SGT
GM26.27	Describe and discuss the etiopathogenesis, clinical features, and management of Aspergillosis	SGT
GM26.28	Describe and discuss the etiopathogenesis, clinical features, complications and management of Amebiasis.	SGT
GM26.29	Describe and discuss the etiopathogenesis, clinical features, complications and management of Malaria	SGT
GM26.31	Describe and discuss the etiopathogenesis, clinical features and management of Leishmaniasis.	SGT
GM 26.32	Describe and discuss the etiopathogenesis, clinical features and management of Filarial disease.	SGT

GM26.33	Describe and discuss the etiopathogenesis, clinical features, complications and management of Cysticercosis.	SGT
GM26.34	Communicate to the patient and family the diagnosis and treatment of identified infection	SGT
GM26.35	Counsel the patient and family on prevention of various infections due to environmental issues	SGT
Topic 27: Tuberculosis		
GM 27.1	Describe and discuss the epidemiology of tuberculosis and its impact on the work, life and economy of India	SGT
GM 27.2	Describe and discuss the microbiology of tubercle bacillus, mode of transmission, pathogenesis, clinical evolution and natural history of pulmonary and extra pulmonary forms (including lymph node, bone and CNS)	SGT
GM 27.3	Discuss and describe the impact of co-infection with HIV and other co-morbid conditions such as diabetes on the natural history of tuberculosis	SGT
GM 27.4	Describe the epidemiology, the predisposing factors, microbial and therapeutic factors that determine resistance to anti-tubercular Drugs	SGT
GM 27.5	Elicit, document and present an appropriate medical history that includes risk factor, contacts, symptoms including cough, fever,	SGT
	anorexia, weight loss, hemoptysis and symptoms of extra-pulmonary manifestations	
GM 27.6	Demonstrate and perform a systematic examination that establishes the diagnosis based on the clinical presentation that includes a a) general examination, b) examination of the chest and lung including loss of volume, mediastinal shift, percussion and auscultation of lung sounds and added sounds c) examination of the lymphatic system and d) relevant CNS examination	SGT
GM 27.7	Interpret a PPD (Mantoux Test) and describe and discuss the indications and pitfalls of the test	SGT
GM 27.8	Generate a differential diagnosis based on the clinical history and evolution of the disease that prioritizes the most likely diagnosis in patient with history/ examination findings suggestive of Tuberculosis	SGT

GM 27.9	Order and interpret diagnostic tests based on the clinical presentation in patient with history/ examination findings suggestive of Tuberculosis including: CBC, Chest X ray PA view, Mantoux Test, sputum smear, culture and sensitivity, pleural fluid examination and culture, HIV testing	SGT
GM 27.10	Interpret a sputum gram stain and AFB with antibiotic sensitivity test from a given report	SGT
GM 27.11	Enumerate and describe the indications for tests including: serology, special cultures, Polymerase Chain Reaction and anti-tubercular drug sensitivity testing	SGT
GM 27.12	Describe and discuss the origin, indications, technique of administration, efficacy and complications of the BCG vaccine	SGT
GM 27.13	Describe and discuss the pharmacology of various anti-tuberculous agents, their indications, contraindications, interactions and adverse reactions	SGT
GM 27.14	Prescribe an appropriate anti-tuberculosis Regimen based on the location of disease, smear positivity and negativity and comorbidities based on current national guidelines including	SGT
	directly observed tuberculosis therapy (DOTS)	
GM 27.15	Describe the appropriate precautions, screening, testing and indications for chemoprophylaxis for contacts and exposed health care workers	SGT
GM 27.16	Define criteria for the cure of Tuberculosis; describe and recognize the features of drug-resistant tuberculosis, prevention and therapeutic regimens	SGT
GM 27.17	Educate health care workers on National Program of Tuberculosis and administering and monitoring the DOTS program	SGT
GM 27.18	Communicate with patients and family in an empathetic manner about the diagnosis and therapy of tuberculosis.	SGT
Topic 29: The role of the physician in the community		
GM 29.1	Describe and discuss the role of non-maleficence as a guiding principle in patient care	SGT

GM 29.2	Describe and discuss the role of autonomy and shared responsibility as a guiding principle in patient care	SGT
GM 29.3	Describe and discuss the role of beneficence of a guiding principle in patient care	SGT
GM 29.4	Identify, discuss and defend medico-legal, sociocultural, economic and ethical issues as it pertains to rights, equity and justice in access to health care	SGT
GM 29.5	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in health care including advanced directives and surrogate decision making	SGT
GM 29.6	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to decision making in emergency care including situations where patients do not have the capability or capacity to give consent	SGT
GM 29.7	Identify, discuss and defend medico-legal, socio-cultural and ethical issues as it pertains to research in study participants	SGT
GM 29.8	Demonstrate ability to work in a team of peers and superiors	SGT
GM 29.9	Demonstrate respect to patient privacy	SGT
GM 29.10	Demonstrate ability to maintain confidentiality in patient care	SDL
GM 29.11	Demonstrate a commitment to continued learning	SDL
GM 29.12	Demonstrate responsibility and work ethics while working in the health care team	SDL
GM 29.13	Demonstrate ability to maintain required documentation in health care (including correct use of medical records)	SDL
GM 29.14	Demonstrate personal grooming that is adequate and appropriate for health care responsibilities	SDL

GM 29.15	Demonstrate adequate knowledge and use of information technology that permits appropriate patient care and continued learning	SDL
GM 29.16	Demonstrate awareness of limitations and seeks help and consultations appropriately	SDL
GM 29.17	Demonstrate ability to balance personal and professional priorities	SDL
GM 29.18	Demonstrate ability to manage time appropriately	SDL
GM 29.19	Demonstrate ability to form and function in appropriate professional networks	SDL
GM 29.20	Demonstrate ability to pursue and seek career advancement	SDL
GM 29.21	Demonstrate ability to follow risk management and medical error reduction practices where appropriate	SDL
GM 29.22	Demonstrate ability to work in a mentoring relationship with junior colleagues	SDL
GM 29.23	Demonstrate commitment to learning and scholarship	SDL
GM 29.24	Identify, discuss and defend medico-legal, socio-cultural professional and ethical issues in dealing with Impaired physicians	SDL
GM 29.25	Demonstrate altruism	SDL
GM 29.26	Administer informed consent and appropriately address patient queries to a patient being enrolled in a research protocol in a simulated environment	SDL

B. List of proposed schedule for clinical posting

GM 17.4	Demonstrate a detailed neurologic examination in a patient of headache and raised intracranial tension including signs of meningitis
GM 17.5	Generate, document and present a differential diagnosis based on clinical features in a patient with headache.
GM 17.6	Choose and interpret diagnostic testing including Imaging based on clinical diagnosis in a patient with headache
GM17.9	Interpret the CSF findings with various parameters in a given CSF fluid analysis report
GM 18.3	Elicit and document and present an appropriate history in a cerebrovascular patient including onset, progression, precipitating and aggravating relieving factors, associated symptoms that help identify the cause of the cerebrovascular accidents
GM 18.4	Perform, demonstrate & document physical examination that includes general and a detailed neurologic examination as appropriate, based on the history in a stroke patient
GM 18.5	Distinguish the lesion based on upper versus lower motor neuron, side, site and most probable nature of the lesion in a given patient with neurological symptoms/signs
GM 18.6	Elicit, document and present clinical examination of a stroke patient with speech disorder. Enumerate and describe the points for distinguishing the various disorders of speech based on site of lesion.
GM18.7	Describe and distinguish, based on the clinical presentation, the types of bladder dysfunction seen in neurological diseases
GM18.8	Choose and interpret the appropriate Imaging tests that will identify the anatomical site, type and etiology of the lesion in stroke patient
GM 19.4	Perform, demonstrate and document a physical examination that includes a general examination and a detailed neurologic examination using standard movement rating scales
GM 19.5	Generate, document and present a differential diagnosis based on the history and physical examination in a patient with movement disorder
GM 19.6	Document and describe clinical diagnosis regarding the anatomical location, nature and cause of the lesion based on the clinical presentation and physical examination in a patient with movement disorder
GM 19.7	Choose and interpret diagnostic Imaging tests in the diagnosis of movement disorder

GM 17.4	Demonstrate a detailed neurologic examination in a patient of headache and raised intracranial tension including signs of meningitis
GM 17.5	Generate, document and present a differential diagnosis based on clinical features in a patient with headache.
GM 17.6	Choose and interpret diagnostic testing including Imaging based on clinical diagnosis in a patient with headache
GM17.9	Interpret the CSF findings with various parameters in a given CSF fluid analysis report
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GM 19.5	Generate, document and present a differential diagnosis based on the history and physical examination in a patient with movement disorder
GM 19.6	Document and describe clinical diagnosis regarding the anatomical location, nature and cause of the lesion based on the clinical presentation and physical examination in a patient with movement disorder
GM 19.7	Choose and interpret diagnostic Imaging tests in the diagnosis of movement disorder

C. AETCOM topic

Module N0	AETCOM	Topic	Teaching Method
4.1	The foundations of communication – 5	Demonstrate ability to communicate to patients in a patient, respectful, nonthreatening, non-judgmental and empathetic manner	SDL
		Communicate diagnostic and therapeutic options to patient and family in a simulated environment	
4.2	Case studies in medico-legal and ethical situations	Identify, discuss and defend medico-legal, socioeconomic and ethical issues as it pertains to abortion / Medical Termination of Pregnancy and reproductive RIGHTS	SDL

Assessment methods

I. Eligibility to appear for Professional examinations

The performance in essential components of training are to be assessed, based on following three components:

a) Attendance

- There shall be a minimum of 75% attendance in theory and 80% attendance in practical /clinical for eligibility to appear for the examinations in that subject. General Medicine subject are taught in more than one phase - the learner must have 75% attendance in theory and 80% attendance in practical in each phase of instruction in that subject.
- There shall be a minimum of 75% attendance in AETCOM .

b) Internal Assessment (IA):

- Internal assessment shall be based on day-to-day assessment.
- General Medicine subject are taught in more than one phase, there shall be IA in every phase in which the subject is taught. Cumulative IA to be used as eligibility criteria. The final cumulative marks are to be used for eligibility.
- It shall relate to different ways in which learners participate in the learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, Quiz, Certification of competencies, museum study, log books, SDL skills etc.
- Internal assessment should have both subjective and objective assessment.
- Internal assessment shall not be added to summative assessment. However, internal assessment marks in absolute marks should be displayed under a separate column in a detailed marks card.
- The internal assessment marks for each subject will be out of 200 for theory and out of 200 for practical/clinical .Learners must secure at least 50% of the total marks (combined in theory and practical / clinical; and minimum 40% in theory and practical separately) for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject.

- General medicine is taught in more than one phase, cumulative IA to be used as eligibility criteria. The final cumulative marks are to be used for eligibility. The details are:
- General medicine: The IA of 200 marks in medicine shall be divided across phases as
Phase II - 50 marks,
- Phase III part 1 - 50 marks
- Phase III part 2 - 100 marks.
- Phase III part 2 - 100 marks is divided as Medicine - 75 marks
- Psychiatry - 13 marks Dermatology- 12 marks.
- The final cumulative IA for Medicine is out of 200 marks for theory and practical examination
- Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In

subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass. Mandatory 50% marks in theory and practical (practical = practical/ clinical + viva) required.

- Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to interpretation of common investigative data, identification of specimens, epidemiological exercises, interpretation of statistical data, application of appropriate statistical test, elicit history, demonstrate physical signs, analyze the case and develop a management plan.
- Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, identification of specimens, epidemiological exercises, interpretation of statistical data, application of appropriate statistical test, etc. is to be also assessed.

Teaching & Evaluation Scheme for Faculty of Medicine

Semester/Year: Third Year M.B.B.S. Part-II

Program Name: Bachelor of Medicine and Bachelor of Surgery

Effective from Academic Year: 2022-2023

Program Code: MB01

Teaching & Evaluation Scheme for Faculty of Medicine

Semester/Year: Third Year M.B.B.S. Part-II
Program Name: Bachelor of Medicine and Bachelor of Surgery
Effective from Academic Year: 2022-2023
Program Code: MB01

Course Code	Subject Name	Hrs/Week			UA		IA		Total	
		L	P	Total	Max	Min	Max	Min	Max	Min
IIM301	General Medicine-I	1	-	1	100	40	-	-	200	100
IIM302	General Medicine-II	1	-	1	100	40	-	-		
IIM303	General Medicine Practical	-	18	18	200	100	-	-	200	100
IIM304	General Medicine IA Theory	-	-	-	-	-	200	80	400	200
IIM305	General Medicine IA Practical	-	-	-	-	-	200	80		
ISU301	General Surgery-I	1	-	1	100	40	-	-	200	100
ISU302	General Surgery-II	1	-	1	100	40	-	-		
ISU303	General Surgery Practical	-	18	18	200	100	-	-	200	100
ISU304	General Surgery IA Theory	-	-	-	-	-	200	80	400	200

1SU305	General Surgery IA Practical	-	-	-	-	-	200	80		
1OG301	Obstetrics & Gynaecology-I	1	-	1	100	40	-	-	200	100
1OG302	Obstetrics & Gynaecology-II	1	-	1	100	40	-	-		
1OG303	Obstetrics & Gynaecology Practical	-	18	18	200	100	-	-	200	100
1OG304	Obstetrics & Gynaecology IA Theory	-	-	-	-	-	200	80	400	200
1OG305	Obstetrics & Gynaecology IA Practical	-	-	-	-	-	200	80		
1PE301	Pediatrics	1	-	1	100	50	-	-	100	50
1PE302	Pediatrics Practical	-	18	18	100	50	-	-	100	50
1PE303	Pediatrics IA Theory	-	-	-	-	-	100	40	200	100
1PE304	Pediatrics IA Practical	-	-	-	-	-	100	40		

Note:

1. Minimum to pass in Internal Assessment: 50% combined in theory and practical, and must secure at least 40% separately in Theory and Practical of Internal Assessment to be eligible for appearing for University Examinations

2. Pass Criteria =

i) Mandatory 50% marks separately in Theory and practical (Practical = Practical/Clinical + Viva)

ii) Subjects with two papers, the student must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both paper together) to pass

3. Mandatory to pass separately in 1) Theory 2) Practical and 3) Internal Assessment

UA = University Assessment, IA = Internal Assessment

c) Certifiable Competencies Achieved:

- Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.
- Regular periodic examinations shall be conducted throughout the course.

Remedial measures: A student whose has deficiency(s) in any of the 3 criteria that are required to be eligible to appear in university examination, should be put into remedial process as below:

- During the course:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book in quarterly/ six monthly monitoring, the students/parents must be intimated about the possibility of being detained much before the final university examination, so that there is sufficient time for remedial measures.
- These students should be provided remedial measures as and when needed to improve IA.
- Any certifiable competency/ IA marks deficiency should be attended with planned teaching/tests for them.
- Student should complete the remedial measures and it should be documented.

- **In spite of all above measures, if student is still not meeting the criteria to be eligible for regular exam he shall be offered remedial for the same batch supplementary exam. For attendance, he will be allowed remedial measures ONLY IF attendance is more than 60% for each component.**
- *At the end of phase:* If Internal assessment (IA) or attendance is less or/and certifiable competencies not achieved and marked in log book at the end of regular classes in a phase, the student is detained to appear in regular university examination of that batch.
- Remedial classes can be planned for students missing regular classes on genuine grounds, thus ensuring that all certifiable competencies are achieved.
- Students who have less than 75% attendance in theory and 80% attendance in practical cannot appear for University examination, however; they may appear for Supplementary examination provided they attend the remedial classes organized between University Sit and Supplementary exam. Students who have attendance 60% or above shall be eligible for such remedial classes.

II. University Examination

- University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him to function effectively and appropriately as a physician of the first contact.
- **Phase III Part 2** examination shall be held at the end of Phase III part 2 of training (18 month of that training) in the subjects of General Medicine, General surgery, Obs & gynec ,paediatrics.
- **Criteria for passing in a subject:** A candidate shall obtain a cumulative 50% marks in University conducted examination including theory and practical and not less than 40% separately in Theory and in Practical in order to be declared as passed in that subject.
General Medicine subject have two papers, the learner must secure a minimum 40% marks in aggregate (both theory papers together).
- Pattern of the prelim examinations should be similar to the university examination.

Paper wise distribution of topics for prelim and university theory examination

Year: 3rd MBBS Part -II Subject: General Medicine

Topics for General Medicine Paper – I

Cardiovascular system	Infection and tropical diseases
Alimentary System	Nutrition
Endocrine and metabolic diseases	Symptomatology, Investigation and Pharmacology related to above mentioned subjects
Water and Electrolyte balance and its disorder	AETCOM

Topics for General Medicine Paper – II

Section A	Section B
Central Nervous System	Respiratory Medicine including Tuberculosis
Kidney and Urinary System	Dermatology including STDs
Hematopoietic System	Psychiatry
Rheumatology and connective tissue disorders	
Poisoning and Toxicology	
Immunology and Genetics	

Format of question paper for theory examination of prelim and university

Seat

Seat No.: _____

PR No. _____

SANKALCHAND PATEL UNIVERSITY
MBBS – 3rd YEAR PART-2 – EXAMINATION – Jan.-Feb. 2024

Subject Code: 1IM301

Date: /00/2024

Subject Name: General Medicine Paper – I

Time: 3 Hrs.

Total Marks:100

Instructions:

1. Use separate answer book for each section.
2. Attempt all questions.
3. Do not write anything on blank portion of the question paper. If written, then such act will be considered as an attempt to resort to unfair means.
4. Draw diagrams wherever necessary.
5. Figures to the right indicate marks.
6. Use Blue/Black Ball point pen only.
7. Distribution of syllabus topics in Question Paper-I and Paper-II is a mere guideline meant to cover entire syllabus. Questions on topics from Paper-I may overlap with Paper-II and vice versa. Students cannot claim that the Question is out of syllabus.

SECTION – A

Q.1	Answer the following Structured/Case based long questions. (Any 1 out of 2)	1×10=10
	A	
	B	
Q.2	Answer the following short questions. (Any 6 out of 7) (One Question on AETCOM is Compulsory)	6×5=30
	A	
	B	
	C	
	D	
	E	
	F	
	G	
Q.3	Answer the following short questions in one or two sentences. (Any 5 out of 6)	5×2=10

	A		
	B		
	C		
	D		
	E		
	F		

SECTION – B

Q.4	Answer the following Structured/Case based long questions. (Any 1 out of 2)		1×10=10
	A		
	B		
Q.5	Answer the following short questions. (Any 6 out of 7)		6×5=30
	A		
	B		
	C		
	D		
	E		
	F		
	G		
Q.6	Answer following MCQ's Multiple Choice Questions (Total 10 MCQs of one mark each) Write the question number and appropriate single option in the given separate answer sheet. Students will not be allotted marks if he/she overwrites, strikes or puts white ink on the answer once written.		10×1=10

	1			
		A	B	
		C	D	
	2			
		A	B	
		C	D	
	3			

		A		B		
		C		D		
	4					
		A		B		
		C		D		
	5					
		A		B		
		C		D		
	6					
		A		B		
		C		D		
	7					
		A		B		
		C		D		
	8					
		A		B		
		C		D		
	9					
		A		B		
		C		D		
	10					
		A		B		
		C		D		

Seat No.: _____

PR No. _____

SANKALCHAND PATEL UNIVERSITY
MBBS – 3rd YEAR PART-2– EXAMINATION – Jan.-Feb. 2024

Subject Code: 1IM302**Date: /00/2024****Subject Name: General Medicine-Paper - II****Time: 3 Hrs.****Total Marks:100****Instructions:**

1. Use separate answer book for each section.
2. Attempt all questions.
3. Do not write anything on blank portion of the question paper. If written, then such act will be considered as an attempt to resort to unfair means.
4. Draw diagrams wherever necessary.
5. Figures to the right indicate marks.
6. Use Blue/Black Ball point pen only.
7. Distribution of syllabus topics in Question Paper-I and Paper-II is a mere guideline meant to cover entire syllabus. Questions on topics from Paper-I may overlap with Paper-II and vice versa. Students cannot claim that the Question is out of syllabus.

SECTION – A

Q.1	Answer the following Structured/Case based long questions. (Any 1 out of 2)		1×10=10
	A		
	B		
Q.2	Answer the following short questions. (Any 6 out of 7)		6×5=30
	A		
	B		
	C		
	D		
	E		
	F		
	G		
Q.3	Answer following MCQ's Multiple Choice Questions (Total 10 MCQs of one mark each) Write the question number and appropriate single option in the given separate answer sheet. Students will not be allotted marks if he/she overwrites, strikes or puts white ink on the answer once written.		10×1=10
	1		

		A		B		
		C		D		
	2					
		A		B		
		C		D		
	3					
		A		B		
		C		D		
	4					
		A		B		
		C		D		
	5					
		A		B		
		C		D		
	6					
		A		B		
		C		D		
	7					
		A		B		
		C		D		
	8					
		A		B		
		C		D		
	9					
		A		B		
		C		D		
	10					
		A		B		
		C		D		

SECTION – B

Q.4	Answer the following Structured/Case based long questions. (Any 1 out of 2)		1×10=10
	A		
	B		
Q.5	Answer the following short questions. (Any 6 out of 7)		6×5=30
	A		
	B		
	C		
	D		
	E		
	F		
	G		
Q.6	Answer the following short questions in one or two sentences. (Any 5 out of 6)		5×2=10
	A		
	B		
	C		
	D		
	E		
	F		

BOOKS RECOMMENDED:

1. Davidson's principles and practice of medicine , edition-23rd
2. Hutchison's clinical methods ; and integrated approach to clinical practice ; edition-24th & 25th
3. Meckleod's clinical examination , edition-14th
4. Medicine;prep manual for undergraduates ; edition-5th rp & 7th
5. P.J mehta's practical medicine for students and practitioners ; edition -21st & 22nd
6. The Washington manual of medical therapeutics ; edition-35th Rp
7. Dejong's the neurologic examination ; edition-7th Rp
8. API textbook of medicine vol.1[with CD] ; edition-10th
9. API textbook of medicine vol.2 ; edition -10th
10. Golwalla's medicine for students ; a reference book for the family physician ; edition-25th
11. Harrison's principle of internal medicine vol.1 ; edition-20th
12. Harrison's principle of internal medicine vol.2 ; edition-20th
13. Current medical diagnosis and treatment 2023 ; edition-62nd

Psychiatry syllabus (with NMC competency number)

Number	COMPETENCY The student should be able to
Topic 1: Introduction to Psychiatry	
Number of competencies:03	
PS 1.1	Describe the classification of psychiatric disorders and its basis (neurotic vs psychotic; organic vs non-organic/functional)
PS1.2	Elicit history in patient presenting with psychiatric disorder(s)
PS1.3	Perform mental status examination (MSE) in patients presenting with psychiatric disorder(s)
Topic 2: Organic Psychiatric Disorders	
Number of competencies:01	
PS 2.1*	Describe common Organic Psychiatric Disorders with emphasis on Delirium & Dementia
Topic 3: Psychoactive Substance Use Disorders and other addiction disorders	
Number of competencies: 01	
PS 3.1	Describe and identify clinical presentation of abuse of alcohol, nicotine and other psychoactive substances prevalent in your area and their management.
Topic 4: Schizophrenia and other Psychotic disorders	
Number of competencies: 01	
PS 4.1	Diagnose and manage a case of Schizophrenia at primary care level
Topic 5: Depressive disorders	
Number of competencies: 02	
PS 5.1	Diagnose and manage case of depression at primary care level
PS 5.2	Identify red flag signs of depression and refer to a specialist
Topic 6: Bipolar disorders	
Number of competencies: 01	
PS 6.1	Diagnose and manage an episode of Mania at primary care level
Topic 7: Anxiety Disorders (including OCD)	
Number of competencies: 01	
PS 7.1	Diagnose and manage anxiety disorders at primary care level
Topic 8: Stress related disorders	
Number of competencies:01	
PS8.1	Diagnose stress related disorders (Acute Stress Disorder and Adjustment Disorders) and make appropriate referral
Topic 9: Psychosexual and Gender Identity Disorders	
Number of competencies:02	
PS 9.1	Describe common psychosexual disorders
PS9.2	Demonstrate knowledge of medico-legal, societal, ethical and humanitarian

	principles on dealing with LGBTQA+ community.
Topic 10: Psychiatric Disorders in Childhood and Adolescence Number of competencies:01	
PS 10.1	Classify and describe disorders commonly seen in childhood and adolescence with emphasis on ADHD and Autism Spectrum Disorders
Topic 11: Intellectual Disability Disorder Number of competencies: 01	
PS11.1	Describe Intellectual Disability Disorder
Topic 12: Psychiatric Emergencies Number of Competencies: 01	
PS12.1	Perform suicide risk assessment
Topic 13: Therapeutics Number of Competencies: 01	
PS 13.1	Describe the process of modified ECT and identify misconceptions associated with ECT

Dermatology, Venereology & Leprosy syllabus (with NMC competency number)

Number	COMPETENCY The student should be able to
Topic 1: Acne Number of competencies: (02)	
DR1.1	Recognize a patient with acne vulgaris including the risk factors, etiology and clinical grading
DR1.2	Devise a management plan of a patient with acne
Topic 2: Vitiligo Number of competencies: (01)	
DR 2.1	Identify and differentiate vitiligo from other causes of hypo pigmented lesions and present a treatment plan
Topic 3: Papulosquamous disorders Number of competencies:(03)	
DR 3.1	Identify and distinguish psoriatic lesions from other causes
DR3.2	Demonstrate the Grattage test
DR3.3	Devise a treatment plan for a patient with psoriasis and counsel the patient regarding various treatment options and chronicity of disease
Topic 4: Lichen Planus Number of competencies:(01)	
DR 4.1	Identify and manage a case of lichen planus
Topic 5: Scabies Number of competencies:(01)	
DR5.1	Devise a treatment plan for management of scabies including adverse drug reactions
Topic 6: Pediculosis Number of competencies:(01)	
DR 6.1	Describe the pathogenesis, diagnostic features and management of pediculosis in adults and children
Topic 7: Fungal Infections Number of competencies:(02)	
DR7.1	Demonstrate candida/dermatophytes in fungal scrapings on KOH mount
DR7.2	Manage a case of fungal infections
Topic 8: Common Viral Infections Number of competencies:(05)	
DR8.1	Describe the aetiology, microbiology, pathogenesis, clinical presentations and management of common viral infections of the skin in adults and children
DR8.2	Identify and distinguish herpes simplex and herpes labialis from other skin lesions
DR8.3	Identify and distinguish herpes zoster and varicella from other skin lesions
DR8.4	Identify and distinguish viral warts from other skin lesions

DR8.5	Identify and distinguish molluscum contagiosum from other skin lesions
Topic 9: Leprosy Number of competencies:(06)	
DR9.1	Describe the epidemiology, clinical features and classification of Leprosy
DR9.2	Demonstrate an appropriate neurologic examination in Leprosy
DR9.3	Enumerate the indications and observe the performance of a slit skin smear in patients with leprosy
DR9.4	Effectively treat a case of Leprosy Reaction
DR9.5	Effectively manage a case of Leprosy based on National Guidelines and WHO Guidelines
DR9.6	Effectively manage complications of Leprosy and counsel regarding disability and stigma
Topic 10: Sexually Transmitted Diseases Number of competencies:(11)	
DR10.1	Understand the rationale and Effectively use Syndromic case management for patients presenting with sexually transmitted diseases
DR10.2	Describe the clinical features, stages, and appropriate use of diagnostic tests for diagnosis of Syphilis
DR10.3	Describe the clinical features, stages, and appropriate use of diagnostic tests for diagnosis of non-syphilitic genital ulcer namely chancroid and herpes genitalis
DR10.4	Conduct a proper examination in a patient with GUD ensuring privacy, confidentiality in presence of chaperone
DR10.5	Effectively take sexual history and provide patient education on safe sexual behaviours including pretest counselling for HIV
DR10.6	Effectively manage syphilis and genital ulcer disease based on clinical features and serological tests including in pregnancy and neonates and advise as per syndromic case management
DR10.7	Recognize a patient with LGV and Donovanosis based on clinical findings and provide appropriate therapy using syndromic case management
DR10.8	Describe the etiology, diagnostic and clinical features and management of gonococcal and non-gonococcal urethritis
DR10.9	Effectively manage a patient with urethral discharge and counsel regarding prevention as per syndrome case management guidelines
DR10.10	Diagnose and manage a patient presenting with vaginal discharge as per syndrome case management guidelines
DR 10.11	Diagnose and treat a patient with genital warts and provide patient education
Topic 11:HIV Number of competencies:(02)	
DR11.1	Diagnose and manage common dermatologic manifestations of HIV including opportunistic infections(OI) based on clinical features and appropriate lab tests
DR11.2	Recognize common dermatological manifestations of ART drugs and initiate primary management appropriately

Topic 12 : Eczemas, Erythroderma and cutaneous adverse drug reactions Number of competencies:(5)	
DR12.1	Identify common types of eczema (both endogenous and exogenous based on clinical features and history)
DR12.2	Provide basic management for common eczemas including topical and systemic therapy
DR12.3	Diagnose Erythroderma, including medical complications and provide appropriate primary care to stabilize a patient before referral
DR12.4	Distinguish adverse drug reactions like Fixed drug eruption, Drug Hypersensitivity syndrome and Steven Johnson syndrome/ Toxic epidermal necrolysis from other skin conditions
DR12.5	Provide primary care in patients with Adverse drug reactions
Topic 13: Vesiculo- bullous Lesions Number of competencies:(02)	
DR13.1	Diagnose common auto Immune vesiculo- bullous disorders like pemphigus and bullous pemphigoid based on clinical features and appropriate use of Nikolsky's sign and Bulla spread sign
DR 13.2	Provide primary management for a patient with vesiculo-bullous disorder before referral
Topic 14 : Urticaria Angioedema Number of competencies: (03)	
DR14.1	Classify urticaria and angioedema and describe etio-pathogenesis, clinical features and precipitating factors
DR14.2	Identify and distinguish urticaria and angioedema from other skin lesions and provide basic management
DR14.3	Demonstrate Dermographism
Topic 15: Pyoderma Number of competencies: (03)	
DR15.1	Identify the clinical presentation of various types of cutaneous bacterial infections
DR15.2	Enumerate the indications and adverse reactions of topical and systemic drugs used in the treatment of pyoderma
DR15.3	Recognize the need for surgical referral in pyoderma