

COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

(Practice of Medicine)



HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

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Subject: Practice of Medicine

Subject code: HomUG PM-II

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1. Preamble

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics.

Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of illness. The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and Repertory in dealing with the disease conditions should be actively taught.

Lifestyle disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

2. Course outcomes (CO)

- i. Develop as a sound homoeopathic clinician who can function indifferent clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.
- ii. Able to correlate the disease conditions with the basics of anatomy, physiology, biochemistry and pathology.
- iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.
- iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.
- v. Ability to make a rational assessment of prognosis and general management of different disease conditions.
- vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.
- vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

Study of Subject:

The study of the subject will be done in THREE years - in Second BHMS, Third B.H.M.S and Fourth B.H.M.S, but Final University Examination shall be conducted at the end of Fourth B.H.M.S.

3. Learning objectives (LO)

A. Pulmonary disorders:

- i. **Understand Disease Processes:** Study **pathophysiology, clinical features, and outcomes** of common pulmonary disorders like asthma, COPD, pneumonia, tuberculosis, and occupational lung diseases.
- ii. **Develop Diagnostic Skills:** Perform **respiratory examinations**, order and interpret relevant tests (e.g., blood, sputum, imaging, pulmonary function tests), and formulate **differential diagnoses**.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **individualized treatment plans** using homoeopathic remedies and manage acute/chronic conditions. Incorporate **ancillary measures** like diet, lifestyle changes, and avoidance of triggers.

B. Diseases of the kidney

- i. **Understand Renal Anatomy and Physiology:** Learn the structure and function of the kidneys, including their role in fluid balance, electrolyte regulation, acid-base balance, and waste excretion.
- ii. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of common renal disorders like acute kidney injury (AKI), chronic kidney disease (CKD), glomerulonephritis, nephrotic syndrome, and nephrolithiasis.
- iii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., renal profile, urine analysis, imaging), and interpret results to diagnose and differentiate kidney disorders.
- iv. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the kidneys, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).

- v. **Therapeutic Competence:**Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary changes, lifestyle interventions, and adjunctive therapies** (e.g., dialysis) to slow disease progression and optimize renal function.
- vi. **Manage Complications:**Develop strategies to address complications like electrolyte imbalances, hypertension, anaemia, bone disease, and cardiovascular issues, aiming to prevent further kidney damage.
- vii. **Preventive Measures:**Promote renal health by managing risk factors like hypertension, diabetes, obesity, and nephrotoxic drug exposure.
- viii. **Patient Education:**Educate patients about their condition, treatment options, and self-care to empower them in managing their health.
- ix. **Interdisciplinary Collaboration:**Collaborate with nephrologists, dieticians, and other healthcare professionals to provide comprehensive care for renal disorders.

C. Disorders of water & electrolyte balance:

- i. **Understand Physiology:**Learn the mechanisms regulating water and electrolyte balance, including the roles of the kidneys, hormones, and fluid compartments.
- ii. **Understand Imbalances and Disease Processes:** Identify and interpret common electrolyte imbalances (e.g., hyponatraemia, hypernatremia, hypokalaemia, hyperkalaemia) using clinical and lab findings, and study their pathophysiology, symptoms, and outcomes.
- iii. **Integrate Homoeopathic Principles:**Correlate symptoms with water and electrolyte disturbances, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:**Design personalized homoeopathic treatments based on symptoms, manage acute and chronic conditions, and use supportive measures like fluid and electrolyte therapy to restore balance and enhance health.

D. Diseases of the digestive system and peritoneum:

- i. **Understand Disease Processes:**Learn the **pathophysiology, clinical features, and outcomes** of common digestive disorders like GERD, gastritis, peptic ulcers, IBS, malabsorption, IBD, and peritonitis.

- ii. **Develop Diagnostic Skills:** Learn to take GI histories, perform exams, order tests (e.g., blood, imaging), and interpret results to diagnose and differentiate digestive disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes in the digestive system, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create personalized homoeopathic treatment plans based on symptoms, manage acute and chronic conditions, and recommend dietary, lifestyle, and adjunctive therapies.

E. Diseases of liver, gallbladder, and pancreas:

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of diseases like viral hepatitis, cholelithiasis, pancreatitis, and hepatic cirrhosis.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., blood, imaging), and interpret results to diagnose and differentiate liver, gallbladder, and pancreatic disorders.
- iii. **Integrate Homoeopathic Principles:** Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:** Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **dietary, lifestyle, and adjunctive therapies**.

F. Endocrine diseases and metabolic disorders:

- i. **Understand Disease Processes:** Study the **pathophysiology, clinical features, and outcomes** of endocrine disorders like thyroid, adrenal, and pituitary gland dysfunctions.
- ii. **Develop Diagnostic Skills:** Take detailed histories, perform systemic examinations, order relevant tests (e.g., hormonal assays, imaging), and interpret results to diagnose and differentiate endocrine disorders.

- iii. **Integrate Homoeopathic Principles:**Correlate symptoms with structural/functional changes, assess **susceptibility and miasmatic states**, and identify disease **stages** (acute, chronic, reversible, and irreversible).
- iv. **Therapeutic Competence:**Create **personalized homoeopathic treatment plans** based on symptoms, manage acute and chronic conditions, and recommend **hormonal therapy, dietary changes, lifestyle interventions, and adjunctive therapies** to restore hormonal balance and improve health.

G. Bedside clinics / demonstrative activities:

- i. Develop proficiency in conducting comprehensive patient assessments, including history-taking, physical examination, and formulation of differential diagnoses during bedside clinics.
- ii. Apply critical thinking and diagnostic reasoning skills to interpret clinical findings, integrate patient history and examination findings and formulate accurate diagnoses in a clinical setting.
- iii. Develop ability to integrate clinic-pathologio-miasmatic correlation to appreciate state of Susceptibility [Qualitative and Quantitative] in Homoeopathic practice.
- iv. Develop effective communication skills with patients, including active listening, empathy during bedside clinics.
- v. Exhibit professionalism and ethical conduct in all aspects of patient care during bedside clinics, including respect for patient autonomy, confidentiality, and cultural sensitivity.
- vi. Practice accurate and thorough clinical documentation skills, including recording patient histories, examination findings, diagnostic results, and treatment plans in accordance with institutional standards and guidelines.
- vii. Engage in self-reflection and self-assessment of clinical skills and knowledge gaps identified during bedside clinics, and demonstrate a commitment to lifelong learning and professional development.

4. Term-wise course content and teaching hours distribution:

4.1 Term-wise distribution of course content-

Terms	Topic
I	1) Pulmonary disorders
	2) Diseases of Kidney
	3) Disorders of Water & Electrolyte Balance
II	4) Diseases of Digestive System and Peritoneum
	5) Diseases of Liver Gallbladder and Pancreas
	6) Endocrine Diseases and Metabolic Disorders

Refer tables 4.3.1 – 4.3.6 for detailed content (topics breakup)

4.2 Gross division of teaching hours:

Sr No	Subject	Lecture	Non-lecture
1	HomUG-PM-II	120 Hours	100 Hours 1. Clinical 70 2. Demonstrative – 30

4.3 Teaching hours theory: 120 hours

4.3.1 Pulmonary disorders

Sr. No.	Topics	Hours
General	Approach Patient with Disease of RS	1
1	Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis	1
2	Bronchial Asthma and acute Bronchitis	2
3	Chronic Obstructive Lung Disease: Chronic Bronchitis, Emphysema	3
4	Pneumonia	2

5	Bronchiectasis	1
6	Lung abscess	1
7	Pulmonary Tuberculosis	1
8	Tropical pulmonary eosinophilia	1
9	Occupational & Environmental Lung Disorders	2
10	Sarcoidosis	1
11	Pulmonary Thromboembolism	1
12	Pleurisy & Pleural Effusion	1
13	Pneumothorax	1
14	Empyema	1
15	Atelectasis	1
16	Interstitial lung diseases	2
17	Cystic fibrosis of lung	1
18	Neoplasia	1
19	Hyperventilation Syndromes	1
20	SARS	1
21	Therapeutics related to RS	3
Total		30

4.3.2. Urogenital tract diseases

Sr. No.	Topics	Hours
General	Symptomatology and clinical syndromes & Renal function tests	1
1	Urinary Tract Infections: Asymptomatic bacteriuria, Acute pyelonephritis, Renal abscess, Acute cystitis, Acute urethritis, Acute prostatitis, Septicaemia	2
2	Nephrotic Syndrome	1
3	Glomerulopathies	2



4	Renal failure: acute & chronic	2
5	Renal Vascular diseases	1
6	Nephrolithiasis/obstructive uropathy.	1
7	Tumours of Genito urinary tract	1
8	Tubulo-interstitial Diseases	1
9	Cystic Kidney diseases	1
10	Thera related to renal disorders	2
Total		15

4.3.3. Disorder of water & electrolyte balance

SR. NO.	TOPICS	HOURS
General	Approach to disorders of electrolyte imbalance	1
1	Hypo & Hypernatremia	1
2	Hypo & Hyperkalaemia	1
3	Hypo & Hyperphosphatemia	1
4	Metabolic Acidosis & Alkalosis	1
5	Respiratory Acidosis & Alkalosis	1
6	Therapeutics related to Disorder of water & electrolyte balance	1
Total		7

4.3.4. Diseases of digestive system and peritoneum

Sr. No.	Topics	Hours
General	Applied Anatomic and Physiology of GIT	1
1	Aphthous Ulceration, Stomatitis	1
2	Parotitis	1
3	Achalasia cardia	1

4	Hiatus hernia	1
5	GERD and Esophagitis	1
6	Gastritis: Acute & Chronic	2
7	Peptic Ulcers	1
8	Gastric carcinoma	1
9	Malabsorption Syndrome: Coeliac disease, lactose intolerance	2
10	Irritable Bowel Syndrome	1
11	Inflammatory Bowel Diseases: Ulcerative colitis, Crohn's disease	2
12	Abdominal Tuberculosis	1
13	Neoplasia of the bowel	2
15	Anorectal disorders	1
16	Diverticulitis	1
17	Thera related to GIT	3
Total		23

4.3.5. Disorder of liver, gall bladder & pancreas

Sr. No.	Topics	Hours
General	Hepatobiliary - Clinical approach to hepatobiliary and Pancreatic diseases	2
1	Acute Viral Hepatitis	2
2	Chronic hepatitis	2
3	Alcoholic Liver Diseases	1
4	Cirrhosis of Liver, Portal Hypertension & Hepatic Failure	3
5	Liver abscess& Cysts	1
6	Cholecystitis: Acute & Chronic	2
7	Cholelithiasis	1
8	Acute and Chronic Pancreatitis	2
9	Hepatocellular carcinoma	1



10	Thera related to Liver, Gall bladder & Pancreas disorders	3
Total		20

4.3.6. Endocrine and metabolic disorders

Sr. No.	Topics	Hours
General	Approach to Endocrine disorder	2
1	Hypothyroidism	2
2	Hyperthyroidism, Thyrotoxicosis – Grave's Disease	2
3	Autoimmune thyroid disease - Hashimoto's thyroiditis	1
4	Goitre: Simple and multi-nodular goitre - simple diffuse goitre, multinodular goitre	2
5	Hypo & Hyper Parathyroid disorders	2
6	Hypercalcaemia and Hypocalcaemia	1
7	Disorders of Adrenal Gland: Cushing's syndrome, Pheochromocytoma, Addison's disease, Spontaneous hypoglycaemia	3
8	Dwarfism	1
9	Nelson's Syndrome	1
10	Acromegaly and Gigantism	1
11	Diabetes insipidus	1
12	Diabetes Mellitus	3
13	Therapeutics related to endocrine disorders	3
Total		25

4.4 Teaching hours Non-lecture:

Sr. No.	Non-lectures	Hours
	Clinical	
1	Case-taking and processing from the perspective of Practice of Medicine	70
2	DOPS- Direct observation of procedural skills, DOAP – Demonstration- Observation- Assistance- Performance (Focus on practical demonstrations of clinical skills, procedures, and patient interactions)	
3	OSCE – Objective Structured Clinical Examination (Structured clinical examination to evaluate students' clinical competence.)	
	Demonstrative	
4	Case Based / Problem Based Discussion on any of the topic of III BHMS Syllabus topic <i>[as per availability of the case material or patient]</i>	30
5	Skill lab training , Simulation – with mannequins (Hands-on practice of clinical skills and emergency scenarios using mannequins.)	
6	Seminars/ Tutorials/ Journal club meetings	
7	Role playing- Students act as doctors, patients, or family members to practice communication, history-taking, and empathy	
8	Projects, charts, models, assignments etc.	
Total		100

5. Content mapping (competencies tables)

5.1. Disorders of Respiratory System

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.1. Approach Patient with Disease of RS										
HomUG-PM II.1.1	Knowledge and Scholarship	K	Structure and function of the respiratory system	Describe the anatomy and physiology of the respiratory system.	C1	MK	Lecture, Visual aids	MCQs, SAQ	SAQ, LAQ	Anatomy, Physiology
HomUG-PM II.1.2			Common respiratory diseases and their symptoms	Identify common respiratory disorders and their symptoms.	C2	MK	Case-based learning, Simulation	MCQ, SAQ, Viva voce	SAQ, LAQ, Bedside exams, Viva	Pathology
HomUG-PM II.1.3		KH	Diagnostic tests in respiratory medicine	Explain diagnostic methods for respiratory disorders.	C2	MK	Lectures, Case studies, OPD/Clinical rounds	OSCE, SAQ	SAQ, LAQ, Bedside exams, Viva	Practice of Medicine
HomUG-PM II.1.4			Medications for respiratory disorders	Discuss pharmacological treatments for respiratory conditions.	C2	MK	Case-based learning, Problem-solving	Written assignments, Case studies	SAQ, LAQ, Bedside exams, Viva	Pharmacology, Materia Medica
HomUG-PM II.1.5	Homoeopathic Orientation	KH	Role of homoeopathy and when to refer/collaborate	(a) Explain the role of homoeopathy in respiratory care. (b) Identify its limitations.	C3	DK	Guest lectures	Team-based case management exercises	SAQ, LAQ	Organon, Homoeopathic Materia Medica, Homoeopathic Pharmacy



HomUG-PM II.1.6	Knowledge and Scholarship	KH	Non-pharmacological interventions	Describe non-pharmacological treatments for respiratory disorders.	C2	MK	Group discussions, Role play	Group projects, Presentations	Bedside Clinical assessments	Community Medicine
HomUG-PM II.1.7		SH	Educating and counselling patients	Educate and counsel patients on managing respiratory disorders.	A2	MK	Role play, Simulation	Direct observation in OPD, Role play	OSCE	Community Medicine
HomUG-PM II.1.8		KH	Applying research evidence in practice	Apply evidence-based guidelines to manage respiratory disorders.	C2	MK	Journal club, Online Research of Data Bases	Evidence-based treatment plan presentation	SAQ	Research Methodology, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.2. Upper respiratory tract infections: Rhinitis, Pharyngitis, Sinusitis										
HomUG-PM II.2.1	Knowledge and Scholarship	K	Structure and function of the upper respiratory tract	(a) Describe the structures of the upper respiratory tract (nose, pharynx, sinuses). (b) Explain its functions (air filtration, humidification, warming).	C1	MK	Lecture, Visual aids	Quizzes, SAQ	MCQ, SAQ	Anatomy, Physiology

HomUG -PM II.2.2			Define Rhinitis, Pharyngitis, and Sinusitis	(a) Define Rhinitis, Pharyngitis, and Sinusitis. (b) Identify their causes (viral, bacterial, and allergic). (c) Explain the pathophysiology (e.g., inflammation in rhinitis).	C1	MK	Lectures	Case studies, Group discussions	MCQ, SAQ, LAQ	Pathology, Microbiology, ENT
HomUG -PM II.2.3			Signs and symptoms of URTIs	(a) Recognize signs and symptoms (nasal congestion, sore throat, facial pain). (b) Differentiate between acute and chronic forms.	C1	MK	Role play, Simulation	OSCE	SAQ, LAQ, Bedside Examinations, Viva	ENT, Practice of Medicine
HomUG -PM II.2.4		KH	Diagnostic tests for URTIs	(a) Describe diagnostic tests (nasal swabs, sinus imaging). (b) Demonstrate proper techniques (e.g., throat examination).	C2	MK	Lectures, Case studies, OPD/Clinical rounds	OSCE	SAQ, Bedside Examinations, Viva	Pathology, Microbiology, Surgery
HomUG -PM II.2.5			Medications for URTIs	(a) Discuss pharmacological treatments (antihistamines, decongestants, antibiotics). (b) Explain their mechanisms and side effects.	C2	MK	Case-based learning, Problem-solving	Written assignments	SAQ, Bedside Examinations, Viva	Pharmacology
HomUG -PM II.2.6	Homoeopathic Orientation		Homoeopathic principles and remedies for URTIs	(a) Identify homoeopathic principles for URTIs. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment for optimal outcomes.	C2	MK	Lectures, OPD/Case discussions, Follow-up discussions	Written assignments, Case studies	SAQ, Bedside Examinations, Viva	Organon, Materia Medica, Homoeopathic Pharmacy
HomUG -PM II.2.7	Knowledge and Scholarship		Non-pharmacological interventions for URTIs	(a) Identify non-drug treatments (e.g., saline nasal irrigation). (b) Discuss lifestyle changes to prevent recurrence.	C2	MK	Group discussions, Role play	Group projects, Tutorials	SAQ, LAQ, Bedside Examinations, Viva	Pharmacology, Community Medicine

HomUG -PM II.2.8		SH	Educating and counseling patients with URTIs	(a) Educate patients on prevention (hand hygiene, avoiding close contact). (b) Counsel on medication and non-drug interventions.	A2	MK	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Community Medicine
HomUG -PM II.2.9		KH	Collaboration with healthcare professionals	Describe a multidisciplinary approach for comprehensive URTI care.	C2/3	MK	Guest Lectures, Team Based Learning	SAQ	SAQ, LAQ	Surgery, ENT
HomUG -PM II.2.10		KH	Applying research evidence in URTI management	(a) Apply evidence-based guidelines for URTI diagnosis and treatment. (b) Evaluate research to determine effective strategies.	C3	MK	Journal club, Online Research of Data Bases	Evidence-based treatment plan presentation	SAQ	Research Methodology
HomUG -PM II.2.11		K	Ethical and legal considerations in URTI care	(a) Discuss ethical principles (beneficence, non-maleficence). (b) Identify legal considerations (confidentiality, informed consent).	C2/3	DK	Guest Lectures, Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Forensic Medicine
HomUG -PM II.2.12	Homoeopathic Orientation	KH	Homoeopathic principles and remedies for URTIs	(a) Discuss homoeopathic principles for URTIs. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment (d) Educate patients on homoeopathic rationale.	C2/3	MK	Case-based learning, Simulation	Written assignments, Case studies	SAQ, Viva	Organon and Homoeopathic Philosophy, Materia Medica and Homoeopathic Therapeutics, Homoeopathic Pharmacy,



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.3. Bronchial Asthma										
HomUG-PM II.3.1	Knowledge and Scholarship	K	Structural and functional changes in asthma	(a) Describe structural changes (airway remodelling, bronchoconstriction). (b) Explain physiological responses (inflammation, mucous production, hyper-responsiveness).	C1	MK	Lecture, Visual aids	Quizzes, SAQ	MCQ, SAQ	Anatomy, Physiology, Pathology
HomUG-PM II.3.2			Definition and mechanisms of asthma	(a) Define bronchial asthma and its variations. (b) Explain underlying mechanisms (inflammatory mediators, immune cells, and cytokines). (c) Describe processes leading to airway narrowing and symptoms.	C1	MK	Lectures	Case studies, Group discussions	MCQ, SAQ, LAQ	Physiology, Pathology
HomUG-PM II.3.3			Signs and symptoms of asthma	(a) Recognize signs and symptoms (wheezing, coughing, shortness of breath, chest tightness). (b) Differentiate between mild, moderate, and severe asthma exacerbations.	C2	MK	Role play, Simulation	OSCE	SAQ, LAQ, Bedside Examinations , Viva	Pathology, Practice of Medicine

HomUG -PM II.3.4		KH	Diagnostic tests for asthma	(a) Explain the use of spirometry and peak flow measurements. (b) Describe other tests (allergy testing, imaging) to assess severity and triggers.	C2/3	MK	Lectures, Case studies, OPD/Clinical rounds	OSCE	SAQ, Bedside Examinations, Viva	Physiology, Microbiology, Radiology, Practice of Medicine
HomUG -PM II.3.5			Medications for asthma	(a) Discuss mechanisms of action of asthma medications (bronchodilators, corticosteroids, leukotriene modifiers). (b) Explain principles of medication management (stepwise therapy, rescue vs. controller medications).	C2/3	MK	Case-based learning, Problem-solving	Written assignments	SAQ, Bedside Examinations, Viva	Pharmacology
HomUG -PM II.3.6		KH	Non-pharmacological interventions for asthma	(a) Identify non-drug interventions (allergen avoidance, smoking cessation, trigger education). (b) Discuss the role of pulmonary rehabilitation and physical activity.	C2	MK	Lectures, OPD/Case discussions, Follow-up discussions	Written assignments, Case studies	SAQ, Bedside Examinations, Viva	Community Medicine, Practice of Medicine
HomUG -PM II.3.7		SH	Educating and counselling patients with asthma	(a) Educate patients on proper inhaler use and techniques. (b) Counsel patients on self-management strategies and recognizing exacerbations.	A2	MK	Guest Lectures, Role play	SAQ	SAQ, LAQ	Community Medicine, Psychology
HomUG -PM II.3.8		KH	Collaboration with healthcare professionals	Discuss comprehensive asthma management plans.	C3	DK	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Practice of Medicine



HomUG-PM II.3.9			Applying research evidence in asthma management	(a) Apply evidence-based guidelines for asthma management. (b) Evaluate research to inform treatment decisions.	C3	MK	Journal club, Online Research of Data Bases	Evidence-based treatment plan presentation	SAQ	Research Methodology
HomUG-PM II.3.10	Homoeopathic Orientation	KH	Homoeopathic principles and remedies for asthma	(a) Discuss homoeopathic principles for asthma. (b) Select remedies based on symptoms. (c) Monitor and adjust treatment for optimal outcomes. (d) Educate patients on homoeopathic rationale.	C2/3	MK	Case-based learning, Simulation	Written assignments, Case studies	SAQ, Viva	Organon and Homoeopathic Philosophy, Materia Medica and Homoeopathic Therapeutics, Homoeopathic Pharmacy,
HomUG-PM II.3.11	Knowledge and Scholarship	K	Ethical and legal considerations in asthma care	(a) Discuss ethical principles (autonomy, beneficence, non-maleficence). (b) Identify legal considerations (confidentiality, informed consent).	C2/3	NK	Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Forensic Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.4. Acute Bronchitis										

HomUG -PM II.4.1	Knowledge and Scholarship	Knows	Structure and function in acute bronchitis	(a) Describe anatomical changes (inflammation in bronchial tubes causing cough and mucus). (b) Explain physiological changes (increased mucus, airway constriction).	C1	Must Know	Lecture, Visual aids	Quizzes, SAQ	MCQ, SAQ	Anatomy, Physiology, Pathology
HomUG -PM II.4.2		Knows	Definition, causes, and mechanisms of acute bronchitis	(a) Define acute bronchitis and its variants. (b) Identify viral and bacterial causes. (c) Explain the inflammatory response (role of immune cells, cytokines).	C2	Must Know	Lectures	Case studies, Group discussions	MCQ, SAQ, LAQ	Pathology, Microbiology
HomUG -PM II.4.3		Knows	Signs and symptoms of acute bronchitis	(a) Recognize common symptoms (cough, chest discomfort, fatigue). (b) Differentiate acute bronchitis from other respiratory conditions.	C2	Must Know	Role play, Simulation	OSCE	SAQ, LAQ, Bedside Examinations , Viva	Practice of Medicine
HomUG -PM II.4.4		Knows How	Diagnostic tests for acute bronchitis	(a) Explain the use of diagnostic tests (chest X- rays, sputum cultures). (b) Discuss the limitations of these tests.	C3	Must Know	Lectures, Case studies, OPD/Clinical rounds	OSCE	SAQ, Bedside Examinations , Viva	Practice of Medicine, Pathology, Microbiology, Radiology,
HomUG -PM II.4.5		Knows How	Medications for acute bronchitis	(a) Describe common medications (bronchodilators, cough suppressants). (b) Discuss the appropriate use of antibiotics.	C2/3	Must Know	Case-based learning, Problem- solving	Written assignments	SAQ, Bedside Examinations , Viva	Pharmacology

HomUG -PM II.4.6		Knows How	Non-pharmacological interventions for acute bronchitis	(a) Discuss lifestyle measures (rest, hydration, avoiding irritants). (b) Explain the role of self-care in managing symptoms and preventing complications.	C2/3	Must Know	Lectures, OPD/Case discussions, Follow-up discussions	Written assignments, Case studies	SAQ, Bedside Examinations, Viva	Practice of Medicine, Community Medicine
HomUG -PM II.4.7		Shows How	Educating and counselling patients with acute bronchitis	(a) Educate patients on self-care and when to seek medical attention. (b) Discuss prevention strategies (hand hygiene, avoiding close contact).	A2	Must Know	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Community Medicine
HomUG -PM II.4.8		Knows How	Applying research evidence in acute bronchitis management	(a) Apply evidence-based guidelines for acute bronchitis management. (b) Evaluate research to determine effective treatment approaches.	C2/3	Must Know	Journal club, Online Research of Data Bases	Critical appraisal, Written assignments	Written exams, Presentations	Research Methodology
HomUG -PM II.4.9	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for acute bronchitis	(a) Select homoeopathic remedies based on symptoms. (b) Monitor and adjust treatment for optimal outcomes.	C3	Desirable to know	Case-based learning, Simulation	Written assignments, Case studies	SAQ, Viva	Organon, Homoeopathic Philosophy, Materia Medica, Homoeopathic Therapeutics, Homoeopathic Pharmacy



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.5. COPD										
HomUG-PM II.5.1	Knowledge and Scholarship	Knows	Structural and functional changes in COPD	(a) Describe structural changes (airway and lung tissue damage). (b) Describe structural changes (airway and lung tissue damage).	C1	Must Know	Lecture, Visual aids	Quizzes, Short quizzes	Written exams	Anatomy, Physiology
HomUG-PM II.5.2		Knows	Clinical definition, causes, and mechanisms of COPD	(a) Define COPD as a chronic inflammatory lung disease. (b) Identify risk factors (smoking, pollutants, and genetics). (c) Explain disease progression (inflammation, mucus hyper secretion, airway remodelling).	C2	Must Know	Case-based learning, Simulation	Case studies, Group discussions	Written exams, Presentations	Pathology

HomUG -PM II.5.3		Knows	Signs and symptoms of COPD	(a) Recognize symptoms (dyspnoea, chronic cough, sputum production). (b) Differentiate COPD from other respiratory conditions.	C2	Must Know	Role play, Simulation	OSCE, Practical exams	Written exams, Clinical assessments	Practice of Medicine
HomUG -PM II.5.4		Knows How	Diagnostic tests for COPD	(a) Discuss diagnostic tests (spirometry, chest X-ray, arterial blood gas analysis). (b) Apply diagnostic criteria to confirm COPD and assess severity.	C2/3	Must Know	Demonstration, Role play	Practical exams, OSCE	Written exams, Case studies	Practice of Medicine, Radiology, Physiology, Biochemistry,
HomUG -PM II.5.5		Knows How	Medications for COPD	(a) Describe treatment options (bronchodilators, corticosteroids, oxygen therapy). (b) Explain treatment goals (symptom relief, preventing exacerbations).	C2/3	Must Know	Case-based learning, Problem-solving	Written assignments, Case studies	Written exams, Case presentations	Pharmacology
HomUG -PM II.5.6		Knows How	Non-pharmacological interventions for COPD	(a) Discuss lifestyle modifications (smoking cessation, exercise). (b) Explain the role of pulmonary rehabilitation in improving quality of life.	C3	Must Know	Group discussions, Role play	Group projects, Presentations	Oral exams, Clinical assessments	Preventive Medicine, Practice of Medicine
HomUG -PM II.5.7		Shows How	Educating and counselling patients with COPD	(a) Educate patients on self-management (medication adherence, recognizing exacerbations). (b) Address psychosocial issues (anxiety, depression) and provide support.	A2	Must Know	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Psychology, Practice of Medicine, Pharmacology

HomUG-PM II.5.8		Knows How	Applying research evidence in COPD management	(a) Apply evidence-based guidelines for COPD management. (b) Evaluate research to inform clinical decisions.	C3	Must Know	Journal club, Case-based learning	Critical appraisal, Written assignments	Written exams, Presentations	Research Methodology
HomUG-PM II.5.9	Homoeopathic Orientation	Knows	Homoeopathic principles and remedies for COPD	(a) Explain homoeopathic principles for COPD management. (b) Select remedies based on COPD symptoms.	C3	Must Know	Lecture, Visual aids	Quizzes, Short quizzes	SAQ, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.6. Pneumonia										
HomUG-PM II.6.1	Knowledge and Scholarship	Knows	Structural and functional changes in pneumonia	Describe anatomical and physiological changes in pneumonia.	C1	MK	Lecture, Visual aids	Quizzes, Short quizzes	Written exams	Anatomy, Physiology, Pathology



HomUG -PM II.6.2			Definition, causes, and mechanisms of pneumonia	(a) Define pneumonia based on its pathophysiology. (b) Explain causes (bacterial, viral, fungal) and mechanisms.	C2	MK	Case-based learning, Simulation	Case studies, Group discussions	Written exams, Presentations	Pathology, Microbiology
HomUG -PM II.6.3			Signs and symptoms of pneumonia	Identify clinical features (fever, cough, chest pain, dyspnea).	C2	MK	Role play, Simulation	OSCE, Practical exams	Written exams, Clinical assessments	Practice of Medicine
HomUG -PM II.6.4		Knows How	Diagnostic tests for pneumonia	Explain diagnostic methods (chest X-ray, sputum culture, blood tests).	C2/3	MK	Demonstration, Role play	Practical exams, OSCE	Written exams, Case studies	Practice of Medicine, Radiology, Microbiology
HomUG -PM II.6.5			Medications for pneumonia	Discuss pharmacological treatments (antibiotics, supportive care).	C3	MK	Case-based learning, Problem-solving	Written assignments, Case studies	Written exams, Case presentations	Pharmacology
HomUG -PM II.6.6			Non-pharmacological interventions for pneumonia	Describe non-drug management (rest, hydration).	C2/3	MK	Group discussions, Role play	Group projects, Presentations	Oral exams, Clinical assessments	Pharmacology, Preventive Medicine
HomUG -PM II.6.7		Shows How	Educating and counselling patients with pneumonia	Educate patients on self-management (medication adherence, follow-up care).	A2	MK	Role play, Simulation	Direct observation, Self-assessment	Role play, OSCE	Community Medicine, Psychology
HomUG -PM II.6.8		Knows How	Applying research evidence in pneumonia management	Apply evidence-based guidelines for pneumonia management.	C2/3	MK	Journal club, Online Research of Data Bases	Critical appraisal, Written assignment	Written exams, Presentations	Research Methodology



HomUG-PM II.6.9	Homoeopathic Orientation		Homoeopathic principles and remedies for pneumonia	(a) Explain homoeopathic principles for pneumonia. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	Quizzes, Short quizzes	SAQ, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative+	
HomUG-PM II.7. Bronchiectasis										
HomUG-PM II.7.1	Knowledge and Scholarship	Knows	(a) Definition of bronchiectasis (b) Pathogenesis and progression of bronchiectasis	(a) Define bronchiectasis as a chronic condition with abnormal airway widening and mucus accumulation. (b) Explain the underlying mechanisms and progression of bronchiectasis.	C1	MK	Lecture, Reading assignments	Quizzes, SAQs	MCQ, SAQ	Pathology, Physiology
HomUG-PM II.7.2		Knows How	Causes of bronchiectasis	List common causes of bronchiectasis.	C2	MK	Case studies	SAQ, Group discussions	OSCE, SAQ	Practice of Medicine, Paediatrics
HomUG-PM II.7.3			Signs and symptoms of bronchiectasis	Identify clinical features of bronchiectasis.	C2/3	MK	Lectures, OPD rotations, Simulation	Mini-CEX, Direct observation	OSCE, SAQ, LAQ	Practice of Medicine
HomUG-PM II.7.4			Radiological and laboratory findings	Analyze imaging and test results to confirm bronchiectasis.	C2/3	MK	Workshops, Interactive seminars	Case presentations, Quiz	SAQ, Bedside examination, Viva	Pathology, Radiology



HomUG-PM II.7.5		Does	Treatment options and management strategies	Formulate a comprehensive management plan for bronchiectasis.	P2	MK	Clinical seminars, Group Discussions	Treatment planning exercise	Bedside examination, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.7.6		Shows How	Patient education and self-management	Provide clear and accurate information to patients and caregivers.	A2	DK	Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.7.7		Knows How	Current research and future directions	Apply evidence-based guidelines to improve bronchiectasis management.	C3	NK	Journal clubs, Online research of data bases	Literature review, Written assignments	Participation in research projects	Research Methodology
HomUG-PM II.7.8	Homoeopathic Orientation		Homoeopathic principles and remedies for bronchiectasis	(a) Explain homoeopathic principles for bronchiectasis. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.8. Lung abscess										

HomUG-PM II.8.1	Knowledge and Scholarship	Knows	(a) Definition of lung abscess (b) Pathogenesis and development of lung abscesses	(a) Define lung abscess as a localized pus collection in the lung parenchyma caused by infection and tissue necrosis. (b) Describe the mechanisms leading to lung abscess formation.	C1	MK	Lecture, Reading assignments	Quizzes,SAQ	MCQ, SAQ	Pathology, Microbiology
HomUG-PM II.8.2		Knows How	Risk factors and causes of lung abscesses	List and explain factors predisposing individuals to lung abscesses.	C1	MK	Case studies	SAQ, Group discussions	OSCE, SAQ	Microbiology, Practice of Medicine
HomUG-PM II.8.3			Diagnostic criteria and tools	Discuss diagnostic evaluations to confirm lung abscess.	C2/3	MK	Lectures, OPD rotations, Simulation	Mini-CEX, Direct observation	OSCE, SAQ, LAQ	Practice of Medicine, Radiology
HomUG-PM II.8.4		Does	Treatment protocols and management strategies	Define a treatment plan for lung abscess patients.	P2	MK	Clinical seminars, Group Discussions	Treatment planning exercise	Bedside examination, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.8.5		Knows How	Prevention and monitoring	Discuss strategies to prevent complications and monitor patient progress.	C3	MK	Lectures, Clinical seminars	Assignments, Tutorials	Bedside examination, Viva	Preventive Medicine, Practice of Medicine
HomUG-PM II.8.6		Shows How	Patient education and counselling	Communicate effectively about the nature, treatment, and lifestyle modifications for lung abscesses.	A2	DK	Role-playing, Patient counselling	SAQ	SAQ, LAQ, Viva	Practice of Medicine, Preventive Medicine
HomUG-PM II.8.7		Knows How	Emerging treatments and research	Apply evidence-based guidelines to improve lung abscess management.	C3	NK	Journal clubs, Online research of data bases	Literature review, Written assignments	Participation in research projects	Research Methodology

HomUG- PM II.8.8	Homoeopathic Orientation		Homoeopathic principles and remedies for lung abscess	(a) Explain homoeopathic principles for lung abscess management. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert' s Level	Priority - Must Know/ Desirabl e to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.9. Pulmonary Tuberculosis										
HomUG -PM II.9.1	Knowledge and Scholarship	Knows	(a) Definition of pulmonary tuberculosis (PT) (b) Global burden, risk factors, and transmission	(a) Define PT as a contagious bacterial infection caused by <i>Mycobacterium tuberculosis</i> , affecting the lungs. (b) Describe (1) prevalence, (2) risk factors, and (3) modes of transmission of PT.	C1	MK	Lecture	MCQs, SAQ	SAQ, LAQ	Epidemiology, Public Health
HomUG -PM II.9.2			Characteristics, culture, and diagnosis	(a) Explain microbiologica l features of <i>M. tuberculosis</i> . (b) Discuss diagnostic methods for PT.	C1	MK	Lectures, Case studies	SAQ	SAQ, LAQ	Microbiology, Clinical Laboratory
HomUG -PM II.9.3		Knows How	Signs, symptoms, and clinical assessment	Recognize clinical manifestations and physical exam findings of PT.	C2/3	MK	Lectures, OPD Clinical rotations	Case presentations	OSCE, Bedside examinations , Viva, SAQ	Internal Medicine, Clinical Skills
HomUG -PM II.9.4			Complications of PT (pleural effusion, miliary TB, bronchiectasis)	(a) List complications of PT. (b) Define management strategies for complications.	C2/3	MK	Simulation training	Case presentations , SAQ, MCQs	Bedside examinations , Viva, OSCE	Pulmonology, Internal Medicine
HomUG -PM II.9.5			Imaging, sputum, and other diagnostic tests	Discuss interpretation of chest X-rays, sputum smears, and other diagnostic tests.	C2/3	MK	Simulation training	MCQs, SAQ	SAQ, OSCE, Viva, Bedside examinations	Radiology, Clinical Laboratory

HomUG -PM II.9.6		Drug regimens and management strategies	Discuss treatment plans, including drug regimens, patient factors, and comorbidities.	C3	NK	Role-playing, Group Discussions	SAQ	SAQ, Bedside examination, Viva	Pharmacology, Therapeutics
HomUG -PM II.9.7		Prevention, isolation, and monitoring	Discuss infection control measures and educate patients to prevent TB transmission.	C3	MK	Patient education, Simulation training	SAQ	SAQ, Viva	Infection Control, Public Health
HomUG -PM II.9.8		Socioeconomic factors and patient support	Discuss socioeconomic factors affecting adherence and define solutions.	C3	DK	OPD Clinical Postings, Role playing	SAQ	SAQ, LAQ, Viva	Social Work, Patient Advocacy
HomUG -PM II.9.9		Interprofessional teamwork and communication	Define a multidisciplinary approach for optimal PT care.	C3	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine
HomUG -PM II.9.10		Research updates and professional growth	Apply evidence-based guidelines to improve PT management outcomes.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG -PM II.9.11	Homoeopathic Orientation	Homoeopathic principles and remedies for PT	(a) Explain homoeopathic principles for PT management. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/Desirable to know/nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.10. Tropical pulmonary eosinophilia										
HomUG-PM II.10.1	Knowledge and Scholarship	Knows	(a) Definition of Tropical Pulmonary Eosinophilia (TPE) (b) Epidemiology and causes of TPE	(a) Define TPE as a hypersensitivity reaction to parasitic infections, causing elevated eosinophils and respiratory symptoms. (b) Discuss the geographic distribution and prevalence of TPE. (c) Identify parasitic infections (e.g., filariae) linked to TPE and their role in disease pathology.	C1	MK	Lecture	Quizzes, Group discussions	Written examination	Pathology, Microbiology
HomUG-PM II.10.2			Pathophysiology	(a) Explain the immune response mechanisms leading to eosinophilia. (b) Discuss the effects of eosinophilic infiltration on lung and tissue function.	C1	MK	Lecture, Interactive map analysis	Quizzes, Interactive Q&A	Written examination	Preventive medicine
HomUG-PM II.10.3		Knows How	Symptoms and disease progression	List common symptoms of TPE (cough, dyspnoea, wheezing, nocturnal asthma-like features).	C2/3	MK	Lectures, OPD Clinical rotations	Clinical reasoning exercises	OSCE, Clinical competency exams	Practice of Medicine

HomU G-PM II.10.4		Blood tests, imaging, and serology	(a) Discuss laboratory and imaging findings for TPE diagnosis. (b) Explain the importance of differential diagnosis to avoid misdiagnosis.	C3	MK	Seminars, group discussions	Lab result interpretations	Practical exams, OSCE	Pathology, Radiology, practice of Medicine
HomU G-PM II.10.5	Does	Pharmacotherapy and monitoring plans	(a) Develop treatment strategies for TPE. (b) Discuss monitoring plans for TPE.	C3/P2	MK	Assignments, Workshops	Treatment plan assignments	Case-based examinations	Pharmacology, Homoeopathic Therapeutics
HomU G-PM II.10.6	Knows How	Managing acute and chronic complications	Discuss common and severe complications of TPE.	C3	DK	Simulation, Group Discussions	Role-playing, Simulated patients	Clinical evaluations, OSCE	Practice of Medicine
HomU G-PM II.10.7	Does	Prevention techniques and community health	Teach patients and communities prevention and control strategies for TPE.	A2	DK	Community outreach, Patient education	Educational brochures, Community talks	Feedback from community engagement	Preventive Medicine
HomU G-PM II.10.8	Knows How	Research updates and professional growth	(a) Evaluate ongoing research and emerging treatments for TPE. (b) Discuss evidence-based practices in TPE management.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomU G-PM II.10.9		Inter-professional teamwork and communication	Define a multidisciplinary approach for optimal TPE care.	C3	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine



HomU G-PM II.10.10	Homoeopath ic Orientation		Homoeopathic principles and remedies for TPE	(a) Explain homoeopathic principles for TPE management. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathi c Materia Medica & Therapeutics, Homoeopathi c Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.11. Occupational & Environmental Lung Disorders										
HomUG-PM II.11.1	Knowledge and Scholarship	Knows	Types of diseases and exposure sources	(a) List major occupational lung diseases and their pathophysiological mechanisms. (b) Identify common environmental lung diseases, their causes, and health impacts.	C1	MK	Lectures, Reading assignments	Quizzes, Short essays	Written examination	Pathology, Preventive Medicine
HomUG-PM II.11.2			Workplace exposures and environmental risks	(a) Evaluate the role of environmental and occupational exposures in lung diseases. (b) Identify specific hazards (chemicals, dust, biological agents) contributing to lung disease.	C1	MK	Group discussions, Case studies	Group presentations	Multiple-choice exams	Preventive Medicine

HomU G-PM II.11.3		Shows How	Taking occupational histories and exposure assessment tools	(a) Demonstrate proficiency in taking occupational and environmental histories. (b) Correlate clinical findings with potential exposures.	P2/C2	MK	Workshops, Simulation training	Role-play exercises	OSCE	Practice of Medicine
HomU G-PM II.11.4			Diagnostic criteria, imaging, and pulmonary function tests	(a) Interpret clinical signs and symptoms of occupational/environmental lung disorders. (b) Analyze diagnostic test results (chest X-rays, CT scans, pulmonary function tests).	P2/3	Must Know	Lab sessions, Clinical rotations	Case studies evaluation	Practical exams, OSCE	Pathology, Radiology, Practice of Medicine
HomU G-PM II.11.5		Knows How	Treatment protocols and patient management plans	(a) Define individualized management plans (pharmacological and non-pharmacological). (b) Discuss workplace modifications and environmental interventions.	C3	MK	Problem-based learning, Clinical seminars	Treatment plan assignments	Clinical competency exams	Pharmacology, Homoeopathic Therapeutics
HomU G-PM II.11.6			Preventive measures and workplace safety regulations	Discuss prevention strategies, incorporating guidelines and safety standards.	C3	DK	Guest lectures, Community outreach	Workplace safety plan proposals	Poster presentations	Preventive Medicine
HomU G-PM II.11.7		Does	Team coordination and inter-professional communication	Define a multidisciplinary approach for optimal patient care.	C3	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine



HomU G-PM II.11.8		Knows How	Research methodologies and current studies	Apply evidence-based guidelines to improve outcomes in occupational/environmental lung disease management.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomU G-PM II.11.9	Homoeopathic Orientation		Homoeopathic principles and remedies for occupational/environmental lung disorders	(a) Explain homoeopathic principles for managing these disorders. (b) Select remedies based on symptoms and homoeopathic principles.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.12. Sarcoidosis										
HomUG-PM II.12.1	Knowledge and Scholarship	Knows	(a) Definition of Sarcoidosis (b) Risk factors and pathogenesis	(a) Define sarcoidosis as a systemic granulomatous disease affecting the lungs and lymphatic system. (b) Explain immune responses and granuloma formation in sarcoidosis. (c) Describe genetic and environmental risk factors.	C1	MK	Lectures, Reading assignments	MCQ, SAQ	SAQ, LAQ	Pathology, Microbiology

HomU G-PM II.12.2			Symptoms and organ involvement	(a) Identify symptoms (cough, dyspnoea, skin lesions, eye inflammation). (b) Explain organ-specific manifestations (pulmonary, cardiac, neuro-sarcoidosis).	C1	MK	Lectures, Case studies, Visual aids	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Practice of Medicine
HomU G-PM II.12.3		Knows How	Diagnostic criteria, imaging, and biopsy	(a) Describe indications for imaging and biopsy. (b) Interpret imaging findings (bilateral hilar lymphadenopathy, lung nodules). (c) Discuss the role of biopsy in confirming non-caseating granulomas.	C3	MK	Simulations, OPD Clinical rotations	OSCE, SAQ	OSCE, Viva	Radiology, Pathology, Practice of Medicine
HomU G-PM II.12.4			Treatment protocols and follow-up care	(a) Define management plans (pharmacologic and non-pharmacologic therapies). (b) Discuss lifestyle and dietary recommendations.	C3	MK	Clinical seminars, group Discussions	Group assignments, Tutorials	SAQ, LAQ, Viva	Pharmacology, Homoeopathic Therapeutics
HomU G-PM II.12.5			Long-term outcomes and complications	(a) Describe disease progression and variability in prognosis. (b) Discuss complications (pulmonary hypertension, cardiac/neurological involvement).	C3	DK	Patient counselling sessions, Role play, Simulations	OSCE	OSCE, Bedside examination, Viva	Preventive Medicine, Practice of Medicine
HomU G-PM II.12.6			Current research and new treatment modalities	(a) Discuss emerging research and clinical trials. (b) Describe evidence-based practices to improve treatment efficacy.	C3	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomU G-PM II.12.7	Homoeopathic Orientation		Homoeopathic principles and remedies for sarcoidosis	(a) Explain homoeopathic principles for sarcoidosis management. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica



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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.13. Pulmonary Embolism										
HomUG-PM II.13. 1	Knowledge and Scholarship	Knows	Clotting cascade, risk factors, and impact of pulmonary embolism (PE)	(a) Explain the physiological process of clot formation (platelets, coagulation cascade). (b) Describe how clots travel to pulmonary arteries and affect circulation and gas exchange.	C1	MK	Lecture, Interactive Diagrams	Quizzes, Group Discussion	MCQ, SAQ, LAQ	Anatomy, Physiology, Pathology, Surgery
HomUG-PM II.13. 2		Knows How	Inherited and acquired risk factors for PE	(a) Identify common and less common risk factors (immobility, surgery, cancer, smoking, genetic predispositions). (b) Categorize risk factors based on epidemiological impact and mechanisms.	C2/3	MK	Case Studies, Group Discussion	Case Study Reviews	MCQ, SAQ, OSCE	Pharmacology, Critical Care

HomU G-PM II.13. 3	Shows How	Physical examination and risk assessment tools	(a) Perform a thorough history and physical exam, focusing on PE symptoms (shortness of breath, chest pain, and haemoptysis). (b) Discuss clinical scoring systems (e.g., Wells score) to assess PE probability.	P2/C2	MK	Simulation, Role- playing	Peer Review	Bedside Examination, Viva	Emergency Medicine
HomU G-PM II.13. 4	Knows How	Diagnostic tests for PE (D-dimer, CT angiography, V/Q scans, ultrasound)	(a) Discuss the role and limitations of D-dimer tests. (b) Analyze imaging studies (CT pulmonary angiography, V/Q scans) for normal and pathological findings.	C3/4	MK	Lecture, Workshops	Written Assignments , Presentations	MCQ, Viva	Radiology, Laboratory Medicine
HomU G-PM II.13. 5		Treatment options for PE (anticoagulation, thrombolysis, embolectomy)	(a) Discuss guidelines for anticoagulation therapy (dosing, renal function, bleeding risk). (b) Monitor patient responses to therapy (e.g., bleeding, thrombocytopenia). (c) Discuss indications for surgical interventions (e.g., embolectomy).	C3	MK	Clinical Rounds, Pharmacology Seminar	Simulation Exercises	MCQ, SAQ, Viva	Pharmacology, Surgery
HomU G-PM II.13. 6	Does	Patient education and follow-up care	(a) Instruct patients on medication adherence, lifestyle changes, and follow-up testing. (b) Educate patients on recognizing symptoms requiring immediate medical attention.	A3	DK	Patient Education Sessions, Role play	Group assignments, Tutorials	SAQ, Viva Voce	Family Medicine



HomU G-PM II.13. 7		Knows How	Staying updated with research and guidelines	(a) Discuss the latest research and guidelines on PE management. (b) Evaluate new studies for relevance and applicability to patient care.	C2/P2	NK	Journal clubs, Online database research	Literature review assignments	SAQ	Research Methodology
HomU G-PM II.13. 8	Homoeopathic Orientation		Homoeopathic principles and remedies for PE	(a) Explain homoeopathic principles and their limitations in PE management. (b) Select remedies based on PE symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.14. Pleurisy & Pleural Effusion										
HomUG-PM II.14.1	Knowledge and Scholarship	Knows	Definition of pleurisy and pleural effusion	(a) Define pleurisy as inflammation of the pleura causing sharp chest pain. (b) Define pleural effusion as fluid accumulation in the pleural space.	C1	MK	Lecture, Interactive Diagrams	MCQ, SAQ	SAQ, LAQ	Physiology, Pathology

HomU G-PM II.14.2		Knows How	Pathogenesis of pleural inflammation and fluid accumulation	(a) Explain the inflammatory response in the pleural space (role of cytokines, leukocytes, and prostaglandins). (b) Discuss factors disrupting pleural fluid dynamics (increased vascular permeability, impaired lymphatic drainage, altered hydrostatic/oncotic pressures).	C2	MK	Lectures	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Practice of Medicine
HomU G-PM II.14.3		Shows How	Causes of pleurisy and pleural effusion	Identify and categorize causes (infectious, inflammatory, neoplastic, and iatrogenic) and their pathophysiological mechanisms.	P2/3	MK	Lectures	OSCE, Case presentations	Bedside examination, Viva	Practice of Medicine, Community Medicine
HomU G-PM II.14.4		Knows How	Symptoms, physical examination, and diagnostic approach	(a) Elicit relevant medical history (chest pain, dyspnea, cough, risk factors). (b) Conduct a physical exam (percussion, palpation, auscultation) to identify signs (decreased breath sounds, pleural friction rub, dullness to percussion).	C3	MK	Workshops,	Written Assignments, Presentations	Multiple Choice Questions, Bedside examination, Viva	Pathology, Microbiology Practice+M2 09 of Medicine

HomU G-PM II.14.5			Diagnostic tests (chest X-rays, CT scans, ultrasound, pleural fluid analysis)	(a) Interpret chest X-rays (blunting of costophrenic angles, pleural-based densities). (b) Analyze CT scans and ultrasound findings (loculated effusions, pleural thickening). (c) Discuss pleural fluid analysis (cell count, protein, LDH, microbiological studies).	C3	MK	Clinical Rounds, Pharmacology Seminar	Simulation Exercises	Bedside examination, Viva	Pharmacology, Surgery
HomU G-PM II.14.6		Does	Medical and surgical treatment options	Discuss treatment plans (pharmacological therapies, surgical interventions) tailored to individual patients, including dosages, administration routes, and monitoring.	A2/3	DK	Patient Education Sessions	Role-playing	Viva Voce	Practice of Medicine, Community Medicine
HomU G-PM II.14.7		Knows How	Long-term effects, prognosis, and self-management strategies	Educate patients on prognosis, complications, and daily management strategies.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomU G-PM II.14.8	Homoeopathic Orientation		Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.15. Pneumothorax										
HomUG-PM II.15.1	Knowledge and Scholarship	Knows	Definition and types of pneumothorax	(a) Define pneumothorax. (b) Identify types (spontaneous, traumatic, tension).	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Surgery
HomUG-PM II.15.2		Knows How	Mechanisms and lung dynamics	Explain the mechanisms and physiological changes (pleural pressure, lung collapse).	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Surgery
HomUG-PM II.15.3			Signs, symptoms, and differential diagnosis	(a) Differentiate signs and symptoms of pneumothorax from other respiratory conditions. (b) Conduct a focused patient history and examination.	C2/3	MK	Case studies, OPD Clinical Postings, DOAP	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.15.4		Shows	Physical examination techniques	Demonstrate proper techniques for chest examination (inspection, palpation, percussion, auscultation).	P2/3	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.15.5		Knows	Radiographic features and signs	(a) Recognize radiographic features of pneumothorax on chest X-rays. (b) Interpret imaging findings for diagnosis and management.	C2/P2	MK	OPD Clinical Postings, Case discussions, DOAP	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Surgery, Practice of medicine



HomU G-PM II.15.6		Knows How	Treatment options, indications, and complications	Describe a comprehensive management plan, including treatment options, indications, complications, and patient-specific factors.	C3	MK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Surgery, Practice of medicine
HomU G-PM II.15.7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomU G-PM II.15.8	Homoeopathic Orientation		Homoeopathic principles and remedies for pneumothorax	(a) Explain homoeopathic principles and their limitations in managing pneumothorax. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.16. Empyema										
HomUG-PM II.16.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of empyema	(a) Define empyema. (b) Discuss its aetiology (common pathogens). (c) Identify risk factors (pneumonia, lung abscess, thoracic surgery).	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Surgery

HomUG-PM II.16.2	Knows How	Pathogenesis and inflammatory process	Describe the pathophysiology of empyema (infection, inflammation, and pus accumulation, complications like loculated effusion or pleural thickening).	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Pathology, Surgery
HomUG-PM II.16.3	Knows	Signs, symptoms, and differential diagnosis	(a) Recognize clinical signs and symptoms (fever, pleuritic chest pain, dyspnoea, systemic illness). (b) Distinguish empyema from other respiratory conditions.	C2/3	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.16.4	Shows	Physical examination techniques	Perform a focused physical exam to detect signs (decreased breath sounds, dullness to percussion, pleural friction rub).	P2/3	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.16.5	Knows How	Radiographic features and ultrasound findings	Interpret imaging studies (chest X-rays, ultrasound) to identify findings (pleural effusion with loculations, pleural thickening, fibrin strands).	C3	MK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Surgery, Practice of medicine
HomUG-PM II.16.6		Treatment options, drainage techniques, and antibiotic therapy	Discuss a management plan (antibiotic therapy, drainage techniques like thoracentesis or chest tube insertion, adjunctive therapies, or surgical intervention).	C3	MK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Surgery, Practice of medicine

HomUG-PM II.16.7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.16.8	Homoeopathic Orientation		Homoeopathic principles and remedies for empyema	(a) Explain homoeopathic principles and their limitations in managing empyema. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.17. Atelectasis										
HomUG-PM II.17. 1	Knowledge and Scholarship	Knows	Definition, types, and aetiology of atelectasis	(a) Define atelectasis. (c) Discuss underlying causes (airway obstruction, lung compression). (b) Identify types (obstructive, compressive, and adhesive). (d) Recognize associated risk factors.	C1	MK	Lecture Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Surgery
HomUG-PM II.17. 2		Knows How	Mechanisms and lung collapse	(a) Describe the pathophysiology of atelectasis (loss of surfactant, bronchial obstruction, pleural effusion). (b) Explain the physiological consequences (reduced ventilation and perfusion).	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Pathology, Surgery
HomUG-PM II.17. 3			Signs, symptoms, and differential diagnosis	(a) Recognize clinical signs and symptoms (decreased breath sounds, dullness to percussion, dyspnoea, tachypnoea). (b) Differentiate atelectasis from other respiratory conditions.	C2	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Surgery

HomUG-PM II.17. 4	Homoeopathic Orientation	Shows	Physical examination techniques	Perform a focused physical exam to detect signs (chest asymmetry, reduced chest expansion, abnormal breath sounds).	P2/3	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG-PM II.17. 5		Knows How	Radiographic features and CT findings	Interpret imaging studies (chest X-rays, CT scans) to identify findings (lung collapse, mediastinal shift, consolidation).	C2/P2	MK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Surgery, Practice of medicine
HomUG-PM II.17. 6			Treatment options, lung re-expansion techniques, and prevention strategies	Discuss a management plan (bronchial hygiene, chest physiotherapy, incentive spirometry, mechanical ventilation) and prevention strategies.	C3	MK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Surgery, Practice of medicine
HomUG-PM II.17. 7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.17. 8			Homoeopathic principles and remedies for atelectasis	(a) Explain homoeopathic principles and their limitations in managing atelectasis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.18. Interstitial lung diseases										
HomUG-PM II.18.1	Knowledge and Scholarship	Knows	Definition and classification of ILD	(a) Define ILD. (b) Classify types based on aetiology, pathology, and clinical features. (c) Discuss the spectrum of ILD (idiopathic, connective tissue disease-associated, occupational).	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Physiology, Pathology, Practice of Medicine
HomUG-PM II.18.2		Knows How	Mechanisms and inflammatory process	(a) Explain the pathophysiology of ILD (inflammation, fibrosis, tissue remodelling). (b) Discuss how these processes impair gas exchange and lung function.	C2/3	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine
HomUG-PM II.18.3			Signs, symptoms, and differential diagnosis	(a) Identify clinical signs and symptoms (exertional dyspnoea, dry cough, bibasilar crackles, clubbing, weight loss, fatigue). (b) Differentiate ILD from other respiratory conditions.	C2/3	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination , Viva	Practice of Medicine

HomUG -PM II.18.4		Shows	Physical examination techniques	Perform a focused physical exam to detect signs (inspiratory crackles, digital clubbing, and respiratory distress).	P2/3	MK	OPD Clinical Postings, Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Practice of Medicine
HomUG -PM II.18.5		Knows How	Radiographic features and HRCT findings	Interpret imaging studies (chest X-rays, HRCT) to identify features (reticular opacities, honeycombing, ground-glass opacities, traction bronchiectasis).	C2/P2	MK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Clinical rounds, Simulation scenarios
HomUG -PM II.18.6			Treatment options and pulmonary rehabilitation	Discuss a management plan (pharmacotherapy, pulmonary rehabilitation, oxygen therapy, lung transplantation) tailored to ILD subtype and severity.	C3	NK	Case discussions, Problem-based learning	Tutorials, Group assignments	Bedside examination, Viva	Practice of Medicine
HomUG -PM II.18.7			Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG -PM II.18.8	Homoeopathic Orientation		Homoeopathic principles and remedies for ILD	(a) Explain homoeopathic principles and their limitations in managing ILD. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.19. Cystic fibrosis of lung										
HomUG-PM II.19.1	Knowledge and Scholarship	Knows	Definition, genetics, and epidemiology of cystic fibrosis (CF)	(a) Define CF and its genetic basis (CFTR gene mutations). (b) Describe CF epidemiology (prevalence, inheritance patterns, and demographics). (c) Discuss multi-organ involvement (respiratory, gastrointestinal, endocrine systems).	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Paediatrics
HomUG-PM II.19.2		Knows How	Molecular defects and organ involvement	(a) Explain molecular defects (CFTR protein dysfunction, ion transport issues). (b) Describe how CFTR mutations cause abnormal mucus, inflammation, and tissue damage in lungs, pancreas, and intestines. (c) Discuss CF-related complications (chronic infections, pancreatic insufficiency, and malabsorption).	C2	MK	Lectures, Molecular biology workshops	Group discussions, Assignments	SAQ, LAQ, Viva	Microbiology, Paediatrics, Practice of Medicine

HomUG -PM II.19.3			Signs, symptoms, and diagnosis	(a) Recognize signs and symptoms (chronic cough, wheezing, recurrent infections, steatorrhea, failure to thrive). (b) Describe diagnostic criteria (sweat chloride test, genetic testing, newborn screening). (c) Differentiate CF from other respiratory and gastrointestinal conditions.	C3	MK	Case studies, Clinical simulations, Paediatric OPD Postings	Observation checklists	OSCE, Bedside examination , Viva	Paediatrics, Practice of Medicine
HomUG -PM II.19.4			Sweat chloride test and genetic testing	(a) Interpret sweat chloride test results. (b) Discuss principles of genetic testing for CFTR mutations.	C3/P2/3	MK	Case studies	Direct observation, Checklist	OSCE, Bedside examination	Practice of Medicine, Paediatrics
HomUG -PM II.19.5			Pharmacotherapy and airway clearance	(a) Describe management plans based on disease severity and organ involvement. (b) Discuss pharmacotherapy options (antibiotics, mucolytics, bronchodilators, CFTR modulators). (c) Explain the importance of airway clearance, pulmonary rehabilitation, and nutritional interventions.	C3	MK	Lectures, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Pharmacology , Practice of Medicine

HomUG -PM II.19.6	Homoeopathi c Orientation	Shows	Disease education and self-management	(a) Communicate essential CF information to patients and families. (b) Provide guidance on self-management (airway clearance, medication adherence, nutrition, and lifestyle). (c) Offer psychosocial support and referrals to support services.	A2	NK	OPD Clinical postings, Role- playing, Patient counselling	Tutorials, Group assignments	Bedside examination , Viva	Practice of Medicine, Preventive Medicine, Psychology
HomUG -PM II.19.7		Knows How	Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG -PM II.19.8			Homoeopathic principles and remedies for CF	(a) Explain homoeopathic principles and their limitations in managing CF. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination , Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.20. Pulmonary Neoplasia										
HomUG-PM II.20.1	Knowledge and Scholarship	Knows	Definition, types, and epidemiology of pulmonary neoplasia	(a) Define pulmonary neoplasia and its types (primary lung cancer, metastatic tumors). (b) Describe epidemiology (incidence, risk factors like smoking, environmental exposures, demographics). (c) Differentiate benign and malignant lung tumors based on histology, behaviour, and prognosis.	C1	MK	Lecture, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology, Surgery, Preventive Medicine
HomUG-PM II.20.2		Knows How	Carcinogenesis and tumor progression	(a) Explain carcinogenesis and tumor progression (genetic mutations, cell proliferation, invasion, and metastasis). (b) Describe the role of risk factors (smoking, pollutants, and genetic predisposition). (c) Discuss molecular mechanisms of oncogenesis and implications for targeted therapy.	C2	MK	Lectures, Videos	Group discussions, Assignments	SAQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery

HomUG- PM II.20.3			Signs, symptoms, and diagnostic approach	(a) Discuss signs and symptoms (persistent cough, hemoptysis, dyspnea, chest pain, weight loss, metastatic symptoms). (b) Describe the diagnostic approach (history, physical exam, imaging, biopsy). (c) Differentiate primary lung cancer from other pulmonary conditions.	C2	MK	Case studies, OPD Clinical Postings	Observation checklists	OSCE, Bedside examination, Viva	Practice of Medicine, Pathology, Surgery
HomUG- PM II.20.4			Imaging studies and biopsy techniques	(a) Interpret imaging studies (chest X-ray, CT scan) to identify lesions, tumor size, location, and metastasis. (b) Discuss indications, risks, and limitations of diagnostic procedures (bronchoscopy, EBUS, transthoracic biopsy, thoracoscopy).	C3/P2	MK	Clinical simulations, Role-playing	Direct observation, Checklist	OSCE, Bedside examination	Surgery, Practice of Medicine
HomUG- PM II.20.5			Surgical options, chemotherapy, and radiation therapy	(a) Discuss individualized treatment plans based on tumor histology, stage, and patient factors. (b) Explain treatment modalities (surgery, chemotherapy, radiation, immunotherapy, targeted therapy).	C2/3	NK	OPD Clinical Postings, Case discussions	Quizzes, Group Discussions, Assignments	Written exam, OSCE	Pharmacology, Surgery, Practice of Medicine

HomUG-PM II.20.6		Shows	Disease education and treatment options	(a) Communicate essential information about pulmonary neoplasia (prognosis, treatment options, side effects, supportive care). (b) Provide education on smoking cessation, symptom management, coping strategies, and end-of-life care.	A2/3	NK	Case discussions, Role play	Tutorials, Group assignments	SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.20.7		Knows How	Updates on treatment protocols and diagnostic advancements	Integrate latest research findings into clinical practice to improve patient outcomes.	C3	NK	Journal Club, Seminars, Online database research	Literature review assignments	SAQ	Research Methodology
HomUG-PM II.20.8	Homoeopathic Orientation		Homoeopathic principles and remedies for pulmonary neoplasia	(a) Explain homoeopathic principles and their limitations in managing pulmonary neoplasia. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

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								Formative	Summative	
HomUG-PM II.21. Hyperventilation Syndromes										
HomUG-PM II.21.1	Knowledge and Scholarship	Knows	Definition and pathophysiology of hyperventilation syndrome	(a) Define hyperventilation syndrome (excessive ventilation, hypocapnia, respiratory alkalosis). (b) Explain the pathophysiology (respiratory alkalosis, stress/anxiety response, feedback mechanisms).	C1	MK	Lecture, Reading, Discussions	Quizzes, Peer assessment	Written exam, OSCE	Respiratory physiology lectures, Psychiatry rotations
HomUG-PM II.21.2		Knows How	Clinical presentation and differential diagnosis	(a) Describe clinical symptoms (dyspnoea, chest tightness, dizziness, palpitations, and paraesthesia). (b) Recognize signs (rapid respiratory rate, normal oxygen saturation, absence of distress/cyanosis). (c) Differentiate hyperventilation syndrome from other respiratory/cardiovascular conditions.	C3	MK	Case studies, Clinical simulations	Observation checklists	OSCE, Clinical skills exam	Emergency department rotations, Pulmonary clinics

HomUG -PM II.21.3			Diagnostic tests and exclusion of other conditions	(a) Identify diagnostic criteria (self-reported symptoms, documented hyperventilation, and exclusion of other conditions). (b) Discuss the role of diagnostic tests (arterial blood gas, pulmonary function tests, cardiopulmonary exercise testing).	C3	MK	Case discussions, Problem-based learning	Oral presentations, Team projects	Clinical case write-ups	Pulmonary function testing sessions, Cardiology rounds
HomUG -PM II.21.4		Knows How/ Shows	Behavioral interventions and breathing exercises	(a) Discuss behavioural interventions (relaxation techniques, breathing retraining, and cognitive-behavioural therapy). (b) Teach breathing exercises (diaphragmatic breathing, paced breathing, pursed lip breathing). (c) Discuss stress management, lifestyle changes, and avoiding triggers.	C3/P2	NK	Role-playing, Patient counselling	Feedback, Reflection	OSCE, Patient education session	Psychiatry clinics, Stress management workshops
HomUG -PM II.21.5	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for hyperventilation syndrome	(a) Explain homoeopathic principles and their limitations in managing hyperventilation syndrome. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy



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								Formative	Summative	
HomUG-PM II.22. SARS COV-2										
HomUG -PM II.22.1	Knowledge and Scholarship	Knows	Definition, virology, and epidemiology of SARS-CoV-2	(a) Define SARS-CoV-2 as the virus causing COVID-19. (b) Explain its virology (genetic structure, spike proteins, replication, and transmission). (c) Describe epidemiology (transmission modes, incubation period, and global distribution).	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, LAQ	Pathology, Microbiology , Preventive Medicine
HomUG -PM II.22.2		Knows How	Viral entry and immune response	(a) Explain viral entry via ACE2 receptors, replication, and host immune response. (b) Describe the role of cytokines, immune dysregulation, and hypercoagulability in severe COVID-19. (c) Discuss factors contributing to the spectrum of clinical manifestations.	C3	MK	Lectures, Videos	MCQ, SAQ	SAQ, Viva	Pathology, Microbiology , Practice of Medicine

HomUG -PM II.22.3			Signs, symptoms, and complications	(a) Discuss symptoms (fever, cough, dyspnoea, fatigue, anosmia, ageusia, gastrointestinal issues). (b) Describe the clinical course (mild to severe disease, ARDS, thromboembolism). (c) Differentiate COVID-19 from other respiratory infections.	C3	MK	Group Discussion, Presentations	Assignments, Tutorials	OSCE, Bedside Examination, Viva	Infectious disease clinics, Emergency medicine rotations
HomUG -PM II.22.4			Diagnostic tests (PCR, antigen tests, serology)	(a) Describe diagnostic tests (RT-PCR, antigen tests, serology, and imaging). (b) Discuss specimen collection, handling, and processing. (c) Discuss limitations, sensitivity, specificity, and turnaround time of tests.	C3	MK	Group Discussion, Presentations	SAQ	OSCE, Viva	Pathology, Microbiology, Practice of Medicine
HomUG -PM II.22.5			Pharmacotherapy and supportive care	(a) Discuss pharmacotherapy (antivirals, corticosteroids, immunomodulators, and anticoagulants). (b) Discuss prevention strategies (PPE, isolation, vaccination).	C3	MK	Case discussions, Problem-based learning	Oral presentations, Team projects	Clinical case write-ups	Pharmacology, Preventive Medicine, Practice of Medicine

HomUG -PM II.22.6		Shows	Disease education and preventive measures	(a) Communicate essential information about COVID-19 (transmission, prevention, vaccination). (b) Provide education on symptom recognition, self- isolation, and seeking care. (c) Engage in community outreach and public health campaigns.	A2	NK	Role- playing, Patient counselling		OSCE, Viva	Preventive Medicine
HomUG -PM II.22.7	Homoeopathi c Orientation	Knows How	Homoeopathic principles and remedies for SARS-CoV-2	(a) Explain homoeopathic principles and their limitations in managing SARS-CoV-2. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination , Viva	Organon & Philosophy, Homoeopathi c Materia Medica & Therapeutics, Homoeopathi c Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Sumative	
HomUG-PM II.23. Homoeopathic Therapeutics										

HomUG -PM II.23.1	Knowledge and Scholarship	Knows	Definition, types, and common symptoms of respiratory disorders	(a) Define respiratory disorders in homoeopathic medicine (acute/chronic, upper/lower respiratory tract). (b) Describe common symptoms (cough, dyspnoea, wheezing, chest tightness, and expectoration).	C2	MK	Lecture, Reading, Discussions	MCQ	SAQ, OSCE	Respiratory physiology, Practice of Medicine
HomUG -PM II.23.2	Homoeopathi c Orientation	Knows How	Similia principle and individualizatio n	(a) Explain homoeopathic principles (law of similars, individualization, vital force). (b) Discuss the holistic approach, dynamic nature of disease, and use of potentized remedies.	C3	MK	Lectures	Group discussions, Tutorials, Assignments	Viva	Organon
HomUG -PM II.23.3		Shows	Case-taking and repertorization techniques	(a) Demonstrate case- taking techniques (eliciting characteristic symptoms, modalities, concomitants). (b) Select remedies using repertory rubrics, software, and charts.	P2/3	MK	OPD Clinical Postings, Case discussions	SAQ	OSCE, Bedside Examinatio n, Viva	Organon, Homoeopathic Repertory
HomUG -PM II.23.4		Knows How	Materia medica and repertory	(a) Identify key homoeopathic remedies for respiratory disorders based on symptomatology and modalities. (b) Utilize materia medica and repertory tools for remedy selection.	C3	MK	OPD Clinical Postings, Case studies	SAQ	OSCE, Bedside Examinatio n, Viva	Homoeopathic clinics, Materia medica sessions

HomUG -PM II.23.5			Prescribing and potency selection	(a) Describe individualized treatment plans using homoeopathic principles (similar, potency selection, and posology). (b) Prescribe remedies based on symptom totality, constitution, and clinical progress.	C3/4/5	MK	OPD Clinical Postings	Group discussions, Tutorials, Assignments	OSCE, Viva	Homoeopathic Pharmacy, Organon, Homoeopathic Philosophy
HomUG -PM II.23.6		Shows	Patient education and therapeutic expectations	(a) Communicate effectively about homoeopathic treatment principles and expectations. (b) Provide education on lifestyle modifications, diet, and preventive measures.	A2/3	NK	OPD Clinical Postings, Role- playing		OSCE, Patient education session	Organon, Homoeopathic Philosophy, Materia Medica, Preventive Medicine

5.2. Renal Disorders

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to	T-L Methods	Assessment		Integration
								Formative	Summative	

						know				
HomUG-PM II.24. Symptomatology and clinical syndromes & Renal function tests										
HomUG-PM II.24.1	Knowledge and Scholarships	K	Symptomatology	Identify common symptoms of renal dysfunction	C2	MK	Lectures	MCQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.24.2		KH		Recognize the significance of symptoms such as hematuria, proteinuria, oliguria, dysuria, flank pain and edema	C3/4	MK	Lectures, Group Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.24.3			Clinical Syndromes	Discuss the clinical presentation of renal syndromes such as acute kidney injury, nephrotic syndrome, chronic kidney disease, nephritic syndrome and renal calculi	C2	MK	Lectures, Group Discussions, Assignments	MCQ, SAQ, Tutorials	MCQ, SAQ, LAQ	Pathology, Practice of Medicine



HomUG-PM II.24.4			Renal Function Tests	Describe the common renal function tests including serum creatinine, blood urea nitrogen, estimated glomerular filtration rate (eGFR), urine analysis, and renal biopsy	C3/P2	MK	Lectures, Group Discussions, Lab Simulations	Test Result Analysis Exercises	Bedside Examination, Viva	Physiology, Biochemistry, Practice of Medicine
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.25. Urinary Tract Infections										
HomUG-PM II.25.1	Knowledge and Scholarship	K	Definition and classification of UTIs	(i) Define UTIs . (ii) Classify UTI into (a) asymptomatic bacteriuria, (b) acute pyelonephritis, (c) renal abscess, (d) acute cystitis, (e) acute urethritis, (f) acute prostatitis, and (g) septicaemia	C1	MK	Lectures, reading materials	Concept mapping exercise	Multiple-choice questions (MCQs)	Microbiology

HomUG-PM II.25.2			Risk factors, common pathogens	(a) Recognize the risk factors associated with UTIs. (b) List the common causative agents of UTI	C1	MK	Lectures, Case studies, literature review	Risk factor assessment quiz	SAQ	Microbiology, Practice of Medicine
HomUG-PM II.25.3		KH	Mechanisms of infection, host response	Explain the pathophysiological processes involved in UTIs, including (a) bacterial invasion, (b) host immune response, and (c) tissue damage	C2	MK	Lectures, Assignments, Diagrams, Chart making	Pathophysiology case studies	MCQ, SAQ, LAQ	Pathology, Practice of Medicine
HomUG-PM II.25.4			Symptoms, physical findings	List the clinical manifestations and physical exam findings associated with different types of UTIs	C2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations, Bedside examinations	Practice of Medicine
HomUG-PM II.25.5			Urine analysis, culture, imaging	Interpret diagnostic tests for UTIs, including (a) urine analysis, (b) urine culture, and (c) imaging studies	P2	MK	Lectures, Lab demonstrations, virtual labs	Interpretation of test results	MCQ, SAQ	Physiology, Biochemistry, Pathology, Radiology
HomUG-PM II.25.6			Antibiotic therapy, supportive measures	Describe evidence-based treatment plans for various UTIs, considering antimicrobial resistance patterns and patient-specific factors	C3/4	MK	Case/Group discussions	Tutorials, SAQ	Case-based exams, SAQ, LAQ	Pharmacology, Practice of Medicine
HomUG-PM II.25.7		SH	Hygiene practices, lifestyle modification	Counsel patients on preventive measures to reduce the risk of UTIs recurrence	A2/3	DK	Patient education sessions, role-playing	Patient counselling assessment, Chart making	SAQ, LAQ	Community Medicine



HomUG-PM II.25.8		Does	Follow-up protocols, response assessment	(a) Monitor patients' response to treatment. (b) Define the management plans based on the response.	C4/5	DK	OPD/Clinical rounds	MCQ	Bedside case analysis, Viva	Pharmacology, Practice of Medicine
HomUG-PM II.25.9		SH	Sepsis, renal failure, urosepsis	(a) Identify the complications arising from UTIs. (b) Define the management strategy of sepsis, renal failure, and urosepsis	C3/4	DK	Lectures, Case studies, critical care simulations, Assignments	MCQ, SAQ	Bedside Examination, Viva	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.26. Nephrotic Syndrome										
HomUG-PM II.26.1	Knowledge and Scholarship	K	Definition, key features	(a) Define Nephrotic syndrome. (b) Describe the clinical presentations of Nephrotic syndrome.	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.26.2		KH	Glomerular injury mechanisms	Explain the pathophysiological mechanisms underlying nephrotic syndrome, including glomerular injury	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ	SAQ, LAQ	Pathology

HomUG-PM II.26.3	SH	Edema, proteinuria, hypoalbuminemia	Recognize the clinical manifestations and physical exam findings associated with nephrotic syndrome	C3/P2	MK	OPD/Clinical rotations, patient simulations	OSPE	OSCE stations	Practice of Medicine
HomUG-PM II.26.4	KH	Urine analysis, serum albumin, kidney biopsy	List diagnostic investigations for nephrotic syndrome.	C3	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Physiology, Biochemistry, Practice of medicine
HomUG-PM II.26.5	SH	Pharmacotherapy, dietary modifications	Develop treatment plans for nephrotic syndrome, considering pharmacological and non-pharmacological interventions	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology, Nutrition
HomUG-PM II.26.6		Medication adherence, lifestyle changes	Counsel patients and families on disease management, medication adherence, and lifestyle modifications	A2	DK	Role-playing, Chart making	Patient counselling assessment	SAQ, LAQ	Practice of Medicine
HomUG-PM II.26.7	Does	Serum albumin levels, urine protein	(a) Monitor patients' response to treatment. (b) Describe the management of Nephrotic syndrome based on response.	C3/P2	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.26.8	SH	Thrombosis, infections, hyperlipidaemia	(a) List the complications of Nephrotic syndrome. (b) Define the management of complications associated with	C3/P2	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Practice of Medicine

				nephrotic syndrome						
HomUG- PM II.26.9		KH	Role of nephrologists, nurses, dietitians	Define multidisciplinary approach for optimal patient care in nephrotic syndrome	C4	DK	Guest Lectures, team-based projects	Group assignments	SAQ, LAQ	Practice of Medicine



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.27. Glomerulopathies										
HomUG-PM II.27.1	Knowledge and Scholarship	K	Definition, types	(a) Define Glomerulonephritis. (b) Describe its classification into (i) Primary and (ii) Secondary	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.27.2		KH	Immune mechanisms, glomerular injury	Explain the pathophysiological mechanisms underlying glomerulonephritis (including immune complex deposition and glomerular injury)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ	SAQ, LAQ	Pathology
HomUG-PM II.27.3		SH	Hematuria, proteinuria, hypertension	Recognize the clinical manifestations and physical exam findings associated with glomerulonephritis	C3	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Practice of Medicine
HomUG-PM II.27.4		KH	Urine analysis, kidney biopsy, serology	List the diagnostic tests for glomerulonephritis.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Physiology, Biochemistry, Practice of medicine

HomUG-PM II.27.5		SH	Pharmacotherapy, immunosuppression	Define treatment plans for glomerulonephritis, considering pharmacological and immunosuppressive interventions	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology, Nutrition
HomUG-PM II.27.6			Medication adherence, dietary restrictions	Counsel patients and families on disease management, medication adherence, and dietary modifications	A3/4	DK	Role-playing, Chart making	Patient counselling assessment	SAQ	Practice of Medicine
HomUG-PM II.27.7		Does	Renal function tests, proteinuria levels	(a) Monitor patients' response to treatment. (b) Define the management based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.27.8		KH	Renal failure, infections, hypertension	Identify complications associated with glomerulonephritis	C4	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.27.9		KH	Role of nephrologists, nurses, dietitians	Define multidisciplinary approach for optimal patient care in glomerulonephritis	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.28. Renal Failure										
HomUG-PM II.28.1	Knowledge and Scholarship	K	Definition, types	(a) Define renal failure. (b) Describe its classification into acute and chronic types	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.28.2		KH	Causes, mechanisms	Explain the pathophysiological mechanisms underlying renal failure (including ischemia, inflammation, and nephron loss).	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ,	SAQ, LAQ	Pathology
HomUG-PM II.28.3		SH	Oliguria, azotemia, fluid overload	Recognize the clinical manifestations and physical exam findings associated with acute and chronic renal failure	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Practice of Medicine
HomUG-PM II.28.4		KH	Serum creatinine, BUN, urinalysis	Define diagnostic tests for renal failure.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Physiology, Biochemistry, Practice of Medicine
HomUG-PM II.28.5		SH	Fluid management, dialysis, transplant	Define treatment plans for renal failure (considering fluid management, dialysis, and transplantation options.)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology, Nutrition

HomUG-PM II.28.6	Shows How	Educate patients and families about the need of Dialysis, medication adherence	Counsel patients and families on disease management (including dialysis procedures, medication adherence, and lifestyle modifications.)	A3/4	DK	Role-playing, Chart making	Patient counselling assessment	SAQ	Practice of Medicine
HomUG-PM II.28.7	Does	Serum electrolytes, fluid balance	(a) Monitor patients' response to treatment (b) Describe the management based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.28.8	SH	Electrolyte imbalances, infection, hypertension	Identify the complications associated with renal failure (including electrolyte imbalances, infections, and hypertension.)	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.28.9	Knows How	Role of nephrologists, nurses, dietitians	Define multidisciplinary approach for an optimal patient care in renal failure	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.29. Renovascular Diseases										
HomUG-PM II.29.1	Knowledge and Scholarship	K	Definition, aetiology	(a) Define renovascular disease and renovascular hypertension (b) Describe the aetiopathogenesis of Renovascular diseases.	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.29.2		KH	Renal artery stenosis, systemic effects	Explain the pathophysiological mechanisms underlying renovascular disease (including renal artery stenosis and its systemic effects)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology, Surgery
HomUG-PM II.29.3		SH	Hypertension, renal bruits, renal function	Recognize the clinical manifestations and physical exam findings associated with renovascular disease and hypertension	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	OSPE	OSCE stations	Practice of Medicine
HomUG-PM II.29.4		Does	Doppler ultrasound, angiography, renal scintigraphy	Define the diagnostic tests for renovascular disease and hypertension.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examination, Viva	Practice of Medicine, Radiology



HomUG-PM II.29.5		KH	Revascularization, antihypertensive therapy	Define treatment plans for renovascular disease and hypertension (considering revascularization procedures and antihypertensive medications)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Surgery, Pharmacology, Practice of Medicine
HomUG-PM II.29.6			Blood pressure monitoring, renal function tests	(a) Monitor patients' response to treatment. (b) Describe the management based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examination, Viva	Pharmacology, Medicine
HomUG-PM II.29.7			Renal insufficiency, post-procedural complications	Identify the complications associated with renovascular disease and hypertension	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.29.8			Role of nephrologists, interventional radiologists	Define multidisciplinary approach for an optimal patient care in renovascular disease and hypertension	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.30. Obstructive Uropathy										

HomUG-PM II.30.1	Knowledge and Scholarship	Knows	Definition, aetiology	(a) Define obstructive uropathy (b) Describe the etiopathogenesis of obstructive uropathy.	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Internal Medicine, Surgery
HomUG-PM II.30.2		KH	Causes, mechanisms	Explain the pathophysiological mechanisms underlying obstructive uropathy (including urinary tract obstruction and its effects on renal function)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology
HomUG-PM II.30.3		SH	Flank pain, urinary retention, hydronephrosis	Recognize the clinical manifestations and physical exam findings associated with obstructive uropathy	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Internal Medicine, Surgery
HomUG-PM II.30.4		KH	Renal ultrasound, CT scan, urography	Define the diagnostic tests for obstructive uropathy.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Laboratory Medicine
HomUG-PM II.30.5		SH	Relief of obstruction, supportive care	Define treatment plans for obstructive uropathy (considering relief of obstruction and supportive measures)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Urology, Nephrology
HomUG-PM II.30.6			Self-catheterization, follow-up care	Counsel patients and families on disease management (including self-care techniques, follow-up appointments, and potential complications)	A3/4	DK	Role-playing, Chart making	Patient counselling assessment	SAQ	Surgery, Practice of Medicine

HomUG-PM II.30.7		KH	Renal function tests, imaging follow-up	(a) Monitor patients' response to treatment (b) Define the management plans based on response to treatment.	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examinations, Viva	Practice of Medicine
HomUG-PM II.30.8			Infection, renal failure, electrolyte imbalances	Identify the complications associated with obstructive uropathy	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examinations, Viva	Surgery, Practice of Medicine
HomUG-PM II.30.9			Role of urologists, radiologists, nurses	Define multidisciplinary approach for an optimal patient care in obstructive uropathy	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.31. Tumors of Genito urinary tract										
HomUG-PM II.31.1	Knowledge and Scholarship	K	Definition, types	(a) Define tumours of the genitourinary tract. (b) Describe the classification of Tumours of GUT into various types (e.g., renal cell carcinoma, bladder cancer)	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery
HomUG-PM II.31.2		KH	Risk factors, molecular pathways	Explain the etiopathogenesis of genitourinary tract tumours (including common risk factors and molecular pathways involved in tumorigenesis)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology, Surgery
HomUG-PM II.31.3		SH	Haematuria, flank pain, urinary symptoms	Recognize the clinical manifestations and physical exam findings associated with genitourinary tract tumours	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Surgery, Practice of Medicine
HomUG-PM II.31.4		KH	Imaging studies, biopsy	Define the diagnostic tests for genitourinary tract tumours	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examinations, Viva	Radiology, Pathology, Surgery

HomUG-PM II.31.5		SH	Surgery, chemotherapy, radiation therapy	Define treatment plans for genitourinary tract tumours (surgical interventions, chemotherapy, and radiation therapy)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Surgery, Practice of Medicine, Pharmacology
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.32. Tubulo-interstitial Diseases										
HomUG-PM II.32.1	Knowledge and Scholarship	K	Definition, aetiology	(a) Define tubulointerstitial nephritis. (b) List the causes of Tubulointerstitial Nephritis (including common causes such as drug reactions and autoimmune disorders)	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Physiology, Practice of Medicine
HomUG-PM II.32.2		KH	Immune mechanisms, tubular injury	Explain the pathophysiological mechanisms underlying tubulointerstitial nephritis (including immune-mediated damage and tubular injury)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology

HomUG-PM II.32.3	SH	Acute kidney injury, electrolyte disturbances	Recognize the clinical manifestations and physical exam findings associated with tubulointerstitial nephritis	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Practice of Medicine
HomUG-PM II.32.4	KH	Urinalysis, renal biopsy, imaging studies	Define the diagnostic tests for tubulointerstitial nephritis.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examination, Viva	Physiology, Practice of Medicine, Biochemistry
HomUG-PM II.32.5		Discontinue offending agents, corticosteroids	Develop treatment plans for tubulointerstitial nephritis (including discontinuation of offending agents and corticosteroid therapy)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Pharmacology
HomUG-PM II.32.6		Medication side effects, follow-up care	Counsel patients and families on disease management (including potential medication side effects, follow-up appointments, and lifestyle modifications)	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examination, Viva	Pharmacology, Practice of medicine
HomUG-PM II.32.7		Renal function tests, symptom assessment	(a) Monitor patients' response to treatment. (b) define the management plans based on response to treatment.	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examination, Viva	Physiology, Practice of medicine

HomUG-PM II.32.8			Renal failure, recurrent disease	List the complications associated with tubulointerstitial nephritis (including renal failure and recurrent disease)	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine
HomUG-PM II.32.9			Role of nephrologists, pharmacists, nurses	Define multidisciplinary approach for an optimal patient care in tubulointerstitial nephritis	C4	Desirable to Know	Interprofessional education sessions, team-based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.33. Cystic Kidney diseases										
HomUG-PM II.33.1	Knowledge and Scholarship	K	Definition, types	(a) Define renal cystic disease (b) Describe its classification into various types (e.g., simple renal cysts, polycystic kidney disease)	C1	MK	Lectures, reading materials	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.33.2		KH	Genetic mutations, cyst formation	Explain the etiopathogenesis of renal cystic disease (including genetic mutations and the process of cyst formation)	C2	MK	Lectures - Diagrammatic presentations	MCQ, SAQ, Tutorials	SAQ, LAQ	Pathology, Surgery, Practice of Medicine

HomUG-PM II.33.3		Abdominal pain, haematuria, hypertension	Define the clinical manifestations and physical exam findings associated with renal cystic disease	C2/3 P2	MK	OPD/Clinical rotations, patient simulations	Clinical observation checklist	OSCE stations	Surgery, Practice of Medicine
HomUG-PM II.33.4		Ultrasound, CT scan, genetic testing	Define the diagnostic tests for renal cystic disease.	C3/4	MK	Lab demonstrations, virtual labs	Interpretation of test results	Bedside examination, Viva	Radiology, Pathology
HomUG-PM II.33.5		Symptom management, surveillance	Describe the treatment plans for renal cystic disease (including symptom management and surveillance strategies for disease progression)	C3/4	MK	OPD/Case discussions, treatment guidelines	Treatment plan presentation	Bedside examinations	Surgery, Practice of Medicine
HomUG-PM II.33.6		Disease progression, genetic counselling	Counsel patients and families on disease management (including disease progression, genetic counselling, and family planning options)	C3/4	DK	OPD/Clinical rounds, progress notes	Treatment adjustment exercise	Bedside examination, Viva	Pathology, ObnG, Practice of Medicine
HomUG-PM II.33.7		Imaging follow-up, symptom assessment	(a) Monitor patients' response to treatment (b) Describe the management plans based on the response to treatment.	C3	DK	Case studies, critical care simulations	MCQ, SAQ	Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.33.8		Infection, renal failure, hemorrhage	Identify the complications associated with renal cystic disease (including infection, renal failure, and hemorrhage)	C4	DK	Guest Lectures, team-based projects	Teamwork assessment	SAQ	Surgery, Practice of Medicine

HomUG- PM II.33.9			Role of nephrologists, genetic counsellors, surgeons	Define multidisciplinary approach for an optimal patient care in renal cystic disease	C4	Desirable to Know	Interprofessional education sessions, team- based projects	Teamwork assessment	SAQ, LAQ	Practice of Medicine
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.34. Homoeopathic concepts and Therapeutics										
HomUG-PM II.34.1	Homoeopathic orientation	KH	Understanding how miasmatic influences relate to renal disorders such as nephritis, nephrotic syndrome, and chronic kidney disease.	1. Identify miasmatic influences related to various renal disorders. 2. Evaluate how these miasms impact disease presentation. 3. Analyze treatment options based on miasmatic evaluation.	C2-3	MK	Lectures, group discussions, case studies	Group presentations on miasmatic influences	Written case analysis incorporating miasmatic evaluation	Pathology, Immunology, and Homoeopathic Philosophy
HomUG-PM II.34.2		KH	Application of homeopathic remedies for renal disorders based on miasmatic evaluation and individual symptomatology, Repertorisation	1. Select remedies using repertory rubrics, repertory software, and repertory charts. 2. Select appropriate remedies based on miasmatic evaluation and clinical presentation. 3. Develop individualized treatment plans for patients with renal disorders.	C2-3	MK	Practical demonstrations,	Practical assessments on remedy selection	Clinical exam involving case management	PM, Materia Medica, Homoeopathic philosophy, Repertory

5.3. Water and Electrolyte Imbalance

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.35. Approach to disorders of electrolyte imbalance										
HomUG-PM II.35.1	Knowledge and Scholarship	K	Overview of electrolyte functions and homeostasis; Clinical manifestations of imbalances	Identify the signs and symptoms of electrolyte imbalances	C1	MK	Lectures	Quizzes, Group discussions	MCQs	Physiology, Biochemistry, Pathology
HomUG-PM II.35.2		KH	Etiology and pathophysiology of common electrolyte disorders	Describe the causes and mechanisms of electrolyte imbalances	C2	MK	Case studies, Problem-based learning (PBL)	Written assignments, Case presentations	SAQ	Biochemistry, Pathology, Practice of Medicine
HomUG-PM II.35.3		SH	History taking, Physical examination, Interpreting laboratory tests	Perform clinical assessment and diagnosis of electrolyte disorders	P2	MK	Simulated patient labs, DOPS	OSCE, Peer feedback	OSCE, Clinical viva	Practice of Medicine
HomUG-PM II.35.4			Patient education strategies, Communication skills	Educate patients and caregivers on managing electrolyte imbalances	P2	DK	Workshops, Role-playing exercises	Chart making, Presentations		Community Medicine, Homoeopathic Philosophy
HomUG-PM II.35.5			Team dynamics, Roles of different healthcare professionals	Collaborate with an interprofessional team for comprehensive care	Application/Analysis	NK	Team-based learning	Team project presentations,	SAQ	Forensic Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.36. Sodium Imbalance										
HomUG-PM II.36.1	Knowledge and Scholarship	K	Explaining why Sodium is important in the body	Define the role of sodium in the body	C1	MK	Lecture, Discussion	MCQ	SAQ	Physiology, Biochemistry
HomUG-PM II.36.2		KH	Recognizing reasons for sodium levels being too high or too low	Identify causes of high and low sodium levels	C2	MK	Lecture, Discussion	MCQ	SAQ, Viva voce	Physiology, Practice of Medicine
HomUG-PM II.36.3			Understanding how the body manages sodium levels	Describe how sodium balance is regulated	C2	MK	Problem-based learning	Assignments, MCQ	SAQ, LAQ	Physiology, Biochemistry
HomUG-PM II.36.4			Knowing symptoms of high and low sodium levels	Recognize signs of sodium imbalance	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ, LAQ	Physiology, Practice of Medicine
HomUG-PM II.36.5			Knowing how to check for sodium problems	Discuss how sodium imbalance is diagnosed	C2	MK	Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.36.6			Description of treatment options for correcting sodium imbalance	Discuss ways to treat sodium imbalance	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.36.7		SH	Analysis of the physiological and clinical consequences of sodium disorders	Evaluate the impact of sodium imbalance	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.37. Potassium Imbalance										
HomUG-PM II.37.1	Knowledge and Scholarship	K	Explaining what potassium is and why it's important	Define potassium and its role in the body	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.37.2			Recognizing where potassium comes from and what it does	Identify sources and functions of potassium	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of medicine
HomUG-PM II.37.3		KH	Understanding how the body keeps potassium levels balanced	Describe the regulation of potassium levels	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.37.4			Knowing symptoms of high and low potassium levels	Recognize signs of potassium imbalance	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of medicine
HomUG-PM II.37.5			Knowing how doctors check for potassium problems	Discuss how potassium imbalance is diagnosed	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.37.6			Talking about how doctors fix potassium levels	Discuss ways to treat potassium imbalance	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.37.7		SH	Analyzing how potassium problems affect patients	Evaluate the impact of potassium imbalance	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.38. Phosphate Imbalance										
HomUG-PM II.38.1	Knowledge and Scholarship	K	Explaining what phosphate is and why it's important in the body	Define the physiological significance of phosphate	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.38.2			Recognizing where phosphate comes from and its roles in the body	Identify sources and functions of phosphate	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.38.3		KH	Understanding how the body maintains phosphate balance	Describe the regulation of phosphate levels	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.38.4			Identifying symptoms of high and low phosphate levels	Recognize signs of phosphate imbalance	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.38.5			Understanding diagnostic methods for assessing phosphate levels	Discuss how phosphate imbalance is diagnosed	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.38.6			Discussing approaches to correcting high or low phosphate levels	Discuss treatment options for phosphate imbalance	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.38.7			SH	Analyzing the effects of phosphate problems on patients	Evaluate the impact of phosphate imbalance	P1	DK	Lectures, Seminars	Assignments	OSCE

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.39. Metabolic Acidosis & Alkalosis										
HomUG-PM II.39.1	Knowledge and Scholarship	K	Explanation of metabolic acidosis and its etiology	Describe metabolic and its causes	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.39.2			Overview of conditions leading to metabolic acidosis such as renal failure, diabetic ketoacidosis, and lactic acidosis	Recognition of common etiologies of metabolic acidosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.39.3		KH	Explanation of mechanisms leading to decreased serum bicarbonate or increased acid production	(a) Define metabolic acidosis. (b) Describe the patho-physiological processes underlying metabolic acidosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.39.4			Description of symptoms associated with metabolic acidosis such as Kussmaul breathing, nausea, and confusion	Identification of clinical features suggestive of metabolic acidosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.39.5			Explanation of laboratory tests and ABG interpretation in metabolic acidosis	Discuss the diagnostic approach to metabolic acidosis (including laboratory tests and arterial blood gas analysis)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine

HomUG-PM II.39.6		Description of treatment options for correcting metabolic acidosis	Discuss management strategies for metabolic acidosis(including correction of underlying causes and administration of bicarbonate)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.39.7	SH	Analysis of the physiological and clinical consequences of metabolic acidosis	Evaluate the impact of metabolic acidosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine
HomUG-PM II.39.8	K	Explanation of metabolic alkalosis and its etiology	(a) Define metabolic alkalosis. (b) Describe the patho-physiological processes underlying metabolic alkalosis.	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.39.9		Overview of conditions leading to metabolic alkalosis such as vomiting, diuretic use, and excessive bicarbonate intake	Recognition of common etiologies of metabolic alkalosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.39.10	KH	Explanation of mechanisms leading to increased serum bicarbonate or decreased acid production	Discuss the patho-physiological processes underlying metabolic alkalosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.39.11		Description of symptoms associated with metabolic alkalosis such as muscle cramps, tetany, and altered mental status	Identification of clinical features suggestive of metabolic alkalosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine

HomUG-PM II.39.12			Explanation of laboratory tests and ABG interpretation in metabolic alkalosis	Describe the diagnostic approach to metabolic alkalosis (including laboratory tests and arterial blood gas analysis)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.39.13			Description of treatment options for correcting metabolic alkalosis	Discuss management strategies for metabolic alkalosis (including correction of underlying causes and administration of fluids and electrolytes)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.39.14		SH	Analysis of the physiological and clinical consequences of metabolic alkalosis	Evaluate the impact of metabolic alkalosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.40. Respiratory Acidosis & Alkalosis										
HomUG-PM II.40.1	Knowledge and Scholarship	K	Explanation of respiratory acidosis and its aetiology	(a) Define Respiratory acidosis. (b) List the causes of respiratory acidosis	C1	MK	Lecture, Discussion	MCQ	SAQ	Physiology, Biochemistry
HomUG-PM II.40.2			Overview of conditions leading to respiratory acidosis such as COPD, pneumonia, and opioid overdose	Recognition of common aetiologies of respiratory acidosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine

HomUG-PM II.40.3	KH	Explanation of mechanisms leading to increased PaCO ₂ and decreased pH	Discuss the physiological processes underlying respiratory acidosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry
HomUG-PM II.40.4		Description of symptoms associated with respiratory acidosis such as dyspnea, confusion, and respiratory distress	Identification of clinical features suggestive of respiratory acidosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.40.5		Explanation of ABG interpretation and PFTs in respiratory acidosis assessment	Describe the diagnostic approach to respiratory acidosis (including arterial blood gas analysis and pulmonary function tests)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.40.6		Description of treatment options for correcting respiratory acidosis	Discuss management strategies for respiratory acidosis (including correction of underlying causes and ventilator support)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.40.7	SH	Analysis of the physiological and clinical consequences of respiratory acidosis	Evaluate the impact of respiratory acidosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine
HomUG-PM II.40.8	K	Explanation of respiratory alkalosis and its etiology	(a) Define Respiratory alkalosis. (b) List the causes of respiratory alkalosis.	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Physiology, Biochemistry
HomUG-PM II.40.9		Overview of conditions leading to respiratory alkalosis such as hyperventilation, anxiety, and fever	Recognition of common etiologies of respiratory alkalosis	C2	MK	Lecture, Discussion	Case presentations, MCQ	Viva voce	Physiology, Practice of Medicine
HomUG-PM II.40.10	KH	Explanation of mechanisms leading to decreased PaCO ₂ and increased pH	Discuss the physiological processes underlying respiratory alkalosis	C2	MK	Problem-based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry

HomUG-PM II.40.11			Description of symptoms associated with respiratory alkalosis such as dizziness, tingling, and palpitations	Identification of clinical features suggestive of respiratory alkalosis	C2	MK	Interactive workshops, Case-based learning	MCQ	SAQ	Physiology, Practice of Medicine
HomUG-PM II.40.12			Explanation of ABG interpretation and respiratory function tests in respiratory alkalosis assessment	Describe the diagnostic approach to respiratory alkalosis (including arterial blood gas analysis and assessment of respiratory function)	C2	MK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ, Viva voce	Biochemistry, Practice of Medicine
HomUG-PM II.40.13			Description of treatment options for correcting respiratory alkalosis and managing symptoms	Discuss management strategies for respiratory alkalosis (including addressing underlying causes and providing supportive care)	C2	MK	Lectures, Seminars	Tutorials, Assignments	SAQ, LAQ	Biochemistry, Practice of Medicine
HomUG-PM II.40.14		SH	Analysis of the physiological and clinical consequences of respiratory alkalosis	Evaluate the impact of respiratory alkalosis on patient outcomes and prognosis	P1	DK	Lectures, Seminars	Assignments	OSCE	Practice of Medicine

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								Formative	Summative	
HomUG-PM II.41. Therapeutics related to Disorder of water & electrolyte balance										

HomUG-PM II.41.1	Knowledge and Scholarship	K	History and philosophy of homoeopathy, Law of Similars, Minimum Dose, Totality of Symptoms	Discuss the basic principles of homoeopathy and their application	C1	MK	Lectures, Readings, assignments	MCQ	SAQ, LAQ	Organon & Philosophy, Materia Medica
HomUG-PM II.41.2		K	Signs and symptoms of imbalances in sodium, potassium, alkalosis and acidosis	Recognize symptoms of water and electrolyte imbalances	C1	MK	Symptomatology exercises	Assignments, MCQ	OSCE	Pathology, Practice of Medicine
HomUG-PM II.41.3		KH	Materia Medica relevant to electrolyte imbalances, Repertory usage for symptom matching	Select appropriate homoeopathic remedies for water and electrolyte imbalances based on symptom similarity	C2	MK	Repertory exercises, Materia Medica review	Case simulations, Assignments	Practical exams, Viva	Materia Medica, Repertory
HomUG-PM II.41.4		SH	Case taking, Remedy selection, Potency determination, Dose and repetition	Develop comprehensive treatment plans (including remedy, potency, and follow-up)	P2	MK	Interactive seminars	Treatment plan development, Reflective journals	Bedside examination, Viva	Materia Medica, Organon, Pharmacy
HomUG-PM II.41.5		SH	Importance of diet and hydration in managing electrolyte balance, Patient education techniques	Educate the patients about their lifestyle changes to support treatment	A2	DK	Role-playing, Workshop on communication skills	Patient counselling simulations	Patient education project, Oral exams	Community Medicine
HomUG-PM II.41.6		KH	Understanding the role of homoeopathy within the broader healthcare system, Referral protocols	(a) Explain how homeopathy can be used in the management of electrolyte disorders (b) Describe the limitations of Homoeopathy in managing electrolyte disorders	C3	DK	Guest lectures	SAQ	SAQ, LAQ	Medical Ethics

HomUG-PM II.41.7		KH	Research methodology, Critical appraisal of homoeopathic literature	Utilize principles of evidence-based medicine in clinical practice	C3	DK	Group Discussions, Online databases training	Article critiques, Assignments	SAQ	Research Methodology
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5.4. Diseases of Digestive System and Peritoneum

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.42. Applied Anatomic and Physiology of GIT										
HomUG-PM II.42.1	Knowledge and Scholarship	Knows	Structural components, organization	(a) Define the anatomy of the GIT (mouth, oesophagus, stomach, small intestine, large intestine). (b) Describe the organization of the GIT (layers of the intestinal wall, blood/nerve supply, lymphatic drainage). (c) Identify anatomical landmarks and relationships with adjacent structures (liver, pancreas, spleen, abdominal vasculature).	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	SAQ, LAQ	Anatomy, Surgery

HomUG-PM II.42.2		Understands	Physiological processes in the GIT	(a) Explain digestion and absorption processes (ingestion, secretion, motility, digestion, absorption, excretion). (b) Describe the role of enzymes, hormones, and neurotransmitters in GIT function. (c) Identify nutrient absorption sites (small intestine, villi, microvilli).	C2	MK	Lectures	Concept maps, Group discussions	SAQ, Viva	Physiology
HomUG-PM II.42.3		Knows How	Etiology, pathogenesis, and clinical features of gastrointestinal disorders	(a) Identify the aetiology and pathogenesis of common gastrointestinal disorders (Crohn's disease, ulcerative colitis, GERD, peptic ulcer disease, gastrointestinal cancers). (b) Recognize clinical features and manifestations (abdominal pain, bloating, diarrhoea, constipation, weight loss, anaemia, jaundice). (c) Describe disease classification, staging, prognosis, and the impact of genetic, environmental, and lifestyle factors.	C2	MK	Lectures, Group Discussions	MCQ, SAQ	OSCE, Bedside Examination, Viva	Pathology, Practice of Medicine

HomUG-PM II.42.4		Knows How	Diagnostic investigations for gastrointestinal disorders	((a) Discuss investigations (endoscopy, colonoscopy, biopsy, imaging, laboratory tests). (b) Discuss indications, contraindications, risks, and limitations of diagnostic modalities. (c) Interpret test results in the context of clinical presentation.	C2/3	MK	OPD Clinical Postings, Case studies	Tutorials, assignments	OSCE, Bedside Examination, Viva	Pathology, Surgery, Practice of Medicine.
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.43. Aphthous Ulceration										
HomUG-PM II.43.1	Knowledge and Scholarship	Knows	Definition, aetiology, and types of aphthous ulcers	(a) Define aphthous ulcers as painful oral mucosal lesions with a yellowish-white pseudo membrane and erythematous margins. (b) Describe the aetiology (trauma, stress, hormonal changes, immune dysregulation, nutritional deficiencies, and genetic predisposition). (c) Classify aphthous	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

				ulcers into minor, major, and herpetiform types.						
HomUG-PM II.43.2		Knows How	Symptoms, morphology and differential diagnosis	(a) Describe clinical symptoms (pain, difficulty eating/speaking, erythema, and swelling). (b) Recognize morphology (shallow, well-defined ulcers with a greyish/yellowish centre and erythematous halo). (c) Differentiate aphthous ulcers from other oral lesions (herpes labialis, traumatic ulcers, oral thrush, and oral malignancies).	C2/P2	MK	Lectures, OPD Clinical Postings, DOPS	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery

HomUG-PM II.43.3		Knows How	Predisposing factors and triggers	(a) Identify predisposing factors (dental trauma, orthodontic appliances, sharp food). (b) Discuss systemic factors (stress, hormonal changes, dietary allergies, autoimmune diseases). (c) Explain genetic susceptibility (HLA alleles, familial clustering).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Preventive Medicine
HomUG-PM II.43.4		Knows How	Similar lesions and oral manifestations of systemic diseases	(a) Discuss differential diagnosis of aphthous ulcers. (b) Differentiate from herpes labialis (lesion morphology, prodromal symptoms, HSV testing). (c) Recognize features of traumatic ulcers, oral thrush, erythema multiforme, and oral malignancies.	C2/3	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

HomUG-PM II.43.5		Knows How	Pharmacotherapy, topical agents and lifestyle modifications	(a) Discuss treatment options (topical corticosteroids, analgesics, antimicrobials, oral rinses). (b) Explain systemic medications (corticosteroids, immunomodulators, and vitamin/mineral supplements).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology
HomUG-PM II.43.6		Shows	Oral hygiene and dietary modifications	(a) Educate patients on preventive measures (oral hygiene, avoiding abrasive/acidic foods, minimizing trauma). (b) Counsel patients on stress management and lifestyle modifications.	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Preventive Medicine, Practice of Medicine
HomUG-PM II.43.7	Homoeopathic Orientation	Knows How	Knowledge of homoeopathic principles and remedies for Aphthous Ulcers	(a) Explain homoeopathic principles for managing aphthous ulcers. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.44. Stomatitis										
HomUG-PM II.44.1	Knowledge and Scholarship	Knows	Definition, aetiology, and classification of stomatitis	(a) Define stomatitis as inflammation of the oral mucosa causing pain, redness, swelling, and ulceration. (b) Describe the aetiology (infectious agents, systemic diseases, allergic reactions, chemical irritants). (c) Classify stomatitis into subtypes (herpetic, aphthous, candidal, drug-induced).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

HomUG-PM II.44.2		Knows How	Symptoms, morphology and differential diagnosis	(a) Describe clinical symptoms (oral pain, burning sensation, difficulty eating/swallowing, altered taste). (b) Recognize lesion morphology (erythematous patches, vesicles, ulcers, pseudo membranes, plaques). (c) Discuss differential diagnosis (infectious, inflammatory, autoimmune, neoplastic, drug-related causes).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery
HomUG-PM II.44.3		Knows How	Infectious agents, systemic diseases and irritants	(a) Identify common causes (viral, bacterial, fungal infections). (b) Discuss associations with systemic diseases (autoimmune, hematologic, gastrointestinal disorders). (c) Explain the role of allergic reactions, irritants, and medications in stomatitis.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine

HomUG-PM II.44.4		Knows How	Similar lesions and oral manifestations of systemic diseases	(a) Discuss differential diagnosis of stomatitis. (b) Differentiate between viral, bacterial, and fungal stomatitis. (c) Recognize allergic and drug-induced stomatitis.	C3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.44.5		Knows How	Pharmacotherapy, topical agents and systemic management	(a) Discuss treatment plans (pharmacotherapy, topical agents, and systemic medications). (b) Explain supportive care (analgesics, oral rinses, corticosteroids, oral hygiene).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research methodology
HomUG-PM II.44.6		Shows	Medication adherence, lifestyle modifications	(a) Educate patients on management (medication adherence, oral hygiene, dietary modifications). (b) Counsel patients on self-care measures (avoiding irritants, staying hydrated).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ,LAQ	Preventive Medicine, Practice of Medicine

HomUG- PM II.44.7	Homoeopathic Orientation	Knows How	Knowledge of homoeopathic principles and remedies for Stomatitis	(a) Explain homoeopathic principles for managing stomatitis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.45. Parotitis										
HomUG-PM II.45.1	Knowledge and Scholarship	Knows	Definition, aetiology, and types of parotitis	(a) Define parotitis as inflammation of the parotid gland causing swelling, pain, and tenderness. (b) Describe the aetiology (viral, bacterial, fungal infections; obstructive factors like salivary stones). (c) Differentiate between acute and chronic parotitis and recognize complications (abscess, cellulitis, systemic spread).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.45.2		Knows How	Symptoms, signs and complications	((a) Describe clinical symptoms (parotid swelling, pain with chewing/swallowing, fever, erythema). (b) Recognize signs of severe parotitis (trismus, purulent discharge, facial asymmetry, and lymphadenopathy). (c) Perform a systematic physical examination (inspection, palpation, salivary flow assessment).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery



HomUG- PM II.45.3	Knows How	Infectious agents and obstructive factors	(a) Identify common infectious agents (mumps virus, <i>Epstein- Barr virus</i> , <i>Staphylococcus aureus</i> , <i>Streptococcus pyogenes</i>). (b) Discuss risk factors (age, immunocompromised status, poor oral hygiene, dehydration). (c) Explain the role of obstructive factors (salivary stones, strictures) and preventive measures (hydration, oral hygiene).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Preventive Medicine
HomUG- PM II.45.4	Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (infectious, inflammatory, autoimmune, neoplastic, obstructive causes). (b) Differentiate between viral, bacterial, and other salivary gland disorders based on clinical findings and diagnostic tests.	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG- PM II.45.5	Knows How	Pharmacotherapy and supportive care	(a) Discuss treatment plans (antibiotics, antivirals, analgesics, supportive care, and surgical interventions). (b) Select appropriate antimicrobial agents based on susceptibility patterns and patient factors.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology

HomUG-PM II.45.6		Shows	Medication adherence and preventive measures	(a) Educate patients on management (oral hygiene, hydration, avoiding exacerbating factors). (b) Counsel patients on self-care measures (warm compresses, gland massage, analgesics).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Preventive Medicine, Practice of Medicine
HomUG-PM II.45.7	Homoeopathic Orientation	Knows How	Knowledge of homoeopathic principles and remedies for Parotitis	(a) Explain homoeopathic principles for managing parotitis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.46. Achalasia cardia										
omUG-PM II.46.1	Knowledge and Scholarship	Knows	Definition, epidemiology and pathophysiology	(a) Define achalasia cardia as a motility disorder with impaired LES relaxation and absent peristalsis. (b) Describe epidemiology (age distribution, gender predilection, familial/genetic predisposition).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

				(c) Explain pathophysiology (degeneration of myenteric plexus, loss of inhibitory neural input).						
HomUG-PM II.46.2		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical symptoms (dysphagia, regurgitation, chest pain, weight loss). (b) Recognize physical exam findings (epigastric mass, malnutrition signs). (c) Interpret diagnostic criteria (barium swallow, oesophageal manometry, EGD findings).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.46.3		Knows How	Imaging modalities, manometry and endoscopy	(a) Discuss diagnostic tests (barium swallow, oesophageal manometry, EGD). (b) Explain the role of additional tests (HRM, pH monitoring).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine

HomUG-PM II.46.4		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (GERD, oesophageal strictures, eosinophilic esophagitis, motility disorders, malignancies). (b) Differentiate achalasia from pseudoachalasia. (c) Recognize complications (oesophageal dilation, food impaction, aspiration pneumonia, Barrett's oesophagus, oesophageal carcinoma).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.46.5		Knows How	Pharmacotherapy, endoscopic and surgical interventions	(a) Discuss treatment plans tailored to patient needs. (b) Explain pharmacotherapy options (calcium channel blockers, nitrates, phosphodiesterase-5 inhibitors). (c) Evaluate endoscopic and surgical interventions (pneumatic dilation, botulinum toxin injection, Heller myotomy, POEM).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology



HomUG-PM II.46.6		Shows	Prognosis and lifestyle modifications	(a) Educate patients on disease management (chronic nature, symptom progression, follow-up). (b) Counsel patients on lifestyle modifications (dietary adjustments, behavioural changes, postural manoeuvres).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine
HomUG-PM II.46.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for achalasia cardia	(a) Explain homoeopathic principles and their limitations in managing achalasia cardia. (b) Select remedies based on symptoms..	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.47. Hiatus hernia										
HomUG-PM II.47.1	Knowledge and Scholarship	Knows	Definition, types, and prevalence of hiatus hernia	(a) Define hiatus hernia as the protrusion of the stomach through the oesophageal hiatus. (b) Describe types (sliding, paraesophageal). (c) Discuss prevalence and complications	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

				(incarceration, strangulation).						
HomUG-PM II.47.2		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features (heartburn, regurgitation, chest pain, dysphagia, respiratory symptoms). (b) Recognize physical exam findings (epigastric tenderness, palpable masses, respiratory compromise). (c) Discuss diagnostic criteria (barium swallow, EGD, manometry)..	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.47.3		Knows How	Imaging modalities and endoscopy	a) Describe diagnostic tests (barium swallow, chest X-ray). (b) Discuss additional modalities (EGD with biopsy, pH monitoring, impedance testing).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine

HomUG-PM II.47.4		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (GERD, oesophageal motility disorders, peptic ulcer disease, and cardiac conditions). (b) Differentiate between sliding and paraesophageal hernias. (c) Identify complications (volvulus, obstruction, haemorrhage).	C2/3	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.47.5		Knows How	Pharmacotherapy, lifestyle modifications and surgical interventions	(a) Discuss treatment plans based on symptom severity and complications. (b) Explain pharmacotherapy options (PPIs, H2RAs, prokinetic agents). (c) Discuss lifestyle modifications and surgical interventions for refractory cases.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology

HomUG-PM II.47.6		Shows	Prognosis and preventive measures	(a) Educate patients on management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, weight management).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine
HomUG-PM II.47.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for hiatus hernia	(a) Explain homoeopathic principles and their limitations in managing hiatus hernia. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.48. GERD and Esophagitis										
omUG-PM II.48.1	Define GERD and Esophagitis	Knows	Definition, pathophysiologyand aetiologyof GERD and esophagitis	(a) Define GERD as retrograde flow of gastric contents causing heartburn, regurgitation, and complications. (b) Explain pathophysiology (LES dysfunction, impaired oesophageal clearance, increased intra-abdominal pressure). (c) Describe esophagitis as inflammation of the oesophageal mucosa and differentiate erosive vs. non-erosive forms.	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

HomUG-PM II.48.2	Describe Clinical Presentation	Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features of GERD (heartburn, regurgitation, dysphagia, chronic cough, chest pain). (b) Recognize physical exam findings (epigastric tenderness, respiratory signs, extraesophageal manifestations). (c) Interpret diagnostic criteria (endoscopy, pH monitoring, and symptom assessment tools).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.48.3	Identify Diagnostic Tests	Knows How	Imaging modalities, endoscopy and pH monitoring	(a) Describe diagnostic tests (barium swallow, EGD with biopsy). (b) Discuss additional tests (pH monitoring, impedance testing, and oesophageal manometry).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine
HomUG-PM II.48.4	Perform Differential Diagnosis	Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (peptic ulcer disease, biliary colic, pancreatitis, oesophageal motility disorders, and cardiac conditions). (b) Differentiate GERD from non-GERD causes of esophagitis (infectious,	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

				eosinophilic, and drug-induced).						
HomUG-PM II.48.5	Develop Treatment Plans	Knows How	Pharmacotherapy, lifestyle modifications and surgical interventions	(a) Discuss treatment plans based on patient presentation and severity. (b) Explain pharmacotherapy options (PPIs, H2RAs, prokinetic agents). (c) Evaluate lifestyle modifications (dietary changes, weight loss, smoking cessation) and surgical interventions (fundoplication, LINX device).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology
HomUG-PM II.48.6	Educate Patients about Management	Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, upright posture after eating).	A2	NK	Role-playing, Patient counseling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine

HomUG-PM II.48.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for GERD and esophagitis	(a) Explain homoeopathic principles and their application in managing GERD and esophagitis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.49. Gastritis: Acute & Chronic										
HomUG-PM II.49.1	Knowledge and Scholarship	Knows	Definition, classification and aetiology	(a) Define gastritis as inflammation of the gastric mucosa. (b) Classify gastritis into acute and chronic forms. (c) Explain the aetiology (infectious, autoimmune, chemical, stress-related factors).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine

HomUG-PM II.49.2	Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features of acute gastritis (abdominal pain, nausea, vomiting, and hematemesis). (b) Discuss chronic gastritis (asymptomatic or nonspecific symptoms like dyspepsia, bloating, anaemia).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.49.3	Knows How	Imaging modalities, endoscopy and biopsy	(a) Describe diagnostic tests (barium swallow, abdominal USG). (b) Discuss additional tests (endoscopy with biopsy, H. pylori tests, serologic testing for autoimmune gastritis).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Surgery, Practice of Medicine
HomUG-PM II.49.4	Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (peptic ulcer disease, GERD, gastroparesis, biliary colic, pancreatic pathology). (b) Differentiate acute vs. chronic gastritis. (c) Recognize red flag symptoms (persistent vomiting, hematemesis, weight loss, and dysphagia).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

HomUG-PM II.49.5		Knows How	Pharmacotherapy, lifestyle modifications and dietary changes	(a) Describe treatment plans based on patient presentation and aetiology. (b) Discuss pharmacotherapy options (PPIs, H2-receptor antagonists, mucosal protectants, H. pylori eradication). (c) Explain lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance) and dietary supplements (vitamin B12, iron).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Practice of Medicine, Research Methodology
HomUG-PM II.49.6		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, fiber-rich foods, probiotics).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine

HomUG- PM II.49.7	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for gastritis	(a) Explain homoeopathic principles and their application in managing gastritis. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.50. Peptic Ulcers										
HomUG-PM II.50.1	Knowledge and Scholarship	Knows	Definition and classification of peptic ulcers	(a) Define peptic ulcers as mucosal erosions in the stomach or duodenum. (b) Classify peptic ulcers based on aetiology (H. pylori, NSAIDs, stress, idiopathic).	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Surgery, Practice of Medicine,
HomUG-PM II.50.2		Knows	Aetiology and pathogenesis	Explain the pathophysiology of peptic ulcers (imbalance between aggressive factors and mucosal defence mechanisms).						
HomUG-PM II.50.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (epigastric pain, dyspepsia, nausea, hematemesis, melena). (b) Differentiate gastric ulcers (postprandial pain, weight loss) from duodenal ulcers (nocturnal pain, weight gain). (c) Discuss diagnostic criteria (endoscopy, biopsy, and imaging).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine

HomUG-PM II.50.4		Knows How	Imaging modalities, endoscopy, and biopsy	(a) Discuss investigations (endoscopy, biopsy, H. pylori tests). (b) Explain additional diagnostic modalities (barium studies, serologic tests, stool antigen tests, molecular assays).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine
HomUG-PM II.50.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (GERD, gastritis, biliary colic, pancreatic pathology, malignancy). (b) Differentiate gastric vs. duodenal ulcers. (c) Recognize red flag symptoms (persistent vomiting, weight loss, dysphagia, bleeding).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.50.6		Knows How	Pharmacotherapy, lifestyle modifications, and dietary changes	(a) Discuss treatment plans based on clinical presentation and aetiology. (b) Explain pharmacotherapy options (PPIs, H2-receptor antagonists, mucosal protectants, H. pylori eradication). (c) Evaluate lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance) and surgical interventions.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology



HomUG-PM II.50.7		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, treatment goals, adherence to lifestyle changes and medications). (b) Counsel patients on dietary modifications (avoiding trigger foods, smaller meals, fibre-rich foods, and probiotics). (c) Empower patients to explore alternative therapeutic options.	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine, Preventive Medicine
HomUG-PM II.50.8	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for peptic ulcers	(a) Explain homoeopathic principles and their application in managing peptic ulcers. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.51. Gastric carcinoma										

HomUG-PM II.51.1	Knowledge and Scholarship	Knows	Definition and classification of gastric carcinoma	(a) Define gastric carcinoma as a malignant tumor of the stomach. (b) Classify gastric carcinoma based on histological subtypes and anatomical location.	C2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Surgery, Practice of Medicine,
HomUG-PM II.51.2		Knows	Aetiology of gastric carcinoma	Explain the aetiology (H. pylori infection, dietary factors, smoking, alcohol, genetic predisposition, socioeconomic factors).	C2	MK	Lectures	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.51.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (dyspepsia, epigastric pain, weight loss, dysphagia, gastrointestinal bleeding). (b) Recognize advanced-stage symptoms (ascites, jaundice, bone pain, neurologic deficits). (c) Interpret diagnostic criteria (endoscopy, imaging, tumor markers).	C2/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.51.4		Knows How	Imaging modalities, biopsy, and staging	(a) Discuss investigations (endoscopy, biopsy, endoscopic ultrasound). (b) Explain additional diagnostic modalities (CT, MRI, molecular	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine

			profiling).						
HomUG-PM II.51.5	Knows How	Similar conditions and metastases	(a) Discuss differential diagnosis (peptic ulcer disease, gastritis, GERD, benign tumors, non-gastric malignancies). (b) Differentiate early-stage vs. advanced-stage gastric carcinoma. (c) Recognize red flag symptoms (persistent dyspepsia, weight loss, gastrointestinal bleeding).	C2/3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.51.6	Knows How	Surgery, chemotherapy, and radiotherapy	(a) Discuss treatment plans based on tumor characteristics, stage, and patient factors. (b) Explain multimodal approaches (surgery, adjuvant/neoadjuvant therapy, palliative care). (c) Evaluate targeted therapy, immunotherapy, and supportive care interventions.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Research Methodology

HomUG-PM II.51.7		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (treatment options, side effects, and prognosis). (b) Counsel patients on lifestyle modifications (dietary changes, smoking cessation, and alcohol avoidance). (c) Provide supportive care and psychological support.	A2	MK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Surgery, Practice of Medicine, Preventive Medicine
HomUG-PM II.51.8	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for gastric carcinoma	(a) Explain homoeopathic principles and their application in managing gastric carcinoma. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.52. Malabsorption Syndromes										
HomUG-PM II.52.1	Knowledge and Scholarship	Knows	Definition and classification of malabsorption syndromes	(a) Define malabsorption syndromes as disorders impairing nutrient absorption.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,

			(b) Classify malabsorption syndromes based on aetiology (primary vs. secondary causes).						
HomUG-PM II.52.2	Knows	Aetiology and pathogenesis	Explain the pathophysiology of malabsorption syndromes (abnormalities in digestion, absorption, or transport mechanisms).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.3	Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (chronic diarrhoea, abdominal pain, bloating, weight loss, fatigue). (b) Recognize specific malabsorption disorders (celiac disease, pancreatic insufficiency, bile acid malabsorption). (c) Interpret diagnostic criteria (clinical history, lab tests, imaging, and endoscopy).	C3/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Physiology, Practice of Medicine
HomUG-PM II.52.4	Knows How	Laboratory tests and imaging modalities	(a) Describe investigations (blood tests, stool studies, serological markers). (b) Explain the role of imaging (USG, CT, MRI) in assessing structural abnormalities and inflammation.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine
HomUG-PM II.52.5	Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (inflammatory bowel disease, infectious gastroenteritis, bacterial overgrowth, lactose	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

				intolerance). (b) Differentiate primary vs. secondary malabsorption disorders. (c) Recognize red flag symptoms (severe diarrhoea, weight loss, gastrointestinal bleeding).						
HomUG-PM II.52.6		Knows How	Nutritional therapy, pharmacotherapy, and dietary changes	a) Discuss treatment plans based on aetiology and severity. (b) Explain nutritional therapy (dietary modifications, oral supplements, parenteral nutrition). (c) Evaluate pharmacotherapy options (immunosuppressants, antibiotics, bile acid sequestrants, anti-diarrheals).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Practice of Medicine, Research Methodology
HomUG-PM II.52.7		Shows	Prognosis and preventive measures	(a) Educate patients on disease management (chronic nature, adherence to treatment, nutritional optimization). (b) Counsel patients on dietary modifications and symptom management.	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Practice of Medicine, Preventive Medicine
HomUG-PM II.52.A. Malabsorption Syndromes - Coeliac disease										

HomUG-PM II.52.A.1	Knowledge and Scholarship	Knows	Definition, pathophysiology, and epidemiology of coeliac disease	(a) Define coeliac disease as a chronic autoimmune disorder triggered by gluten. (b) Describe the epidemiology (prevalence, age/gender distribution, geographic variation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.A.2		Knows	Pathophysiology of coeliac disease	Explain the pathophysiology (immune response to gluten, T-cell activation, cytokine production, villous atrophy).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.A.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (gastrointestinal symptoms, extra-intestinal manifestations). (b) Recognize atypical or silent coeliac disease. (c) Interpret diagnostic criteria (serological tests, intestinal biopsy).	C3/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Physiology, Practice of Medicine
HomUG-PM II.52.A.4		Knows How	Serological tests and intestinal biopsy	(a) Describe diagnostic tests (serological assays for tTG-IgA, EMA-IgA). (b) Explain the role of duodenal biopsy and histological assessment.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine

HomUG-PM II.52.A.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (inflammatory bowel disease, irritable bowel syndrome, malabsorption syndromes). (b) Differentiate classical vs. non-classical coeliac disease. (c) Recognize red flag symptoms (weight loss, severe diarrhea, anemia, failure to thrive).	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.52.A.6		Knows How	Gluten-free diet and nutritional support	(a) Discuss treatment plans (strict gluten-free diet, mucosal healing, and prevention of complications). (b) Explain nutritional therapy (vitamin and mineral supplementation). (c) Evaluate pharmacotherapy options.	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Practice of Medicine, Research Methodology
HomUG-PM II.52.A.7		Shows	Prognosis and preventive measures	(a) Educate patients on lifelong adherence to a gluten-free diet. (b) Counsel patients on dietary management (reading labels, avoiding cross-contamination, sourcing gluten-free alternatives).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Practice of Medicine, Preventive Medicine
HomUG-PM II.52.B. Malabsorption Syndromes - Lactose intolerance										

HomUG-PM II.52.B.1	Knowledge and Scholarship	Knows	Definition and epidemiology of lactose intolerance	(a) Define lactose intolerance as the inability to digest lactose due to lactase deficiency. (b) Explain the epidemiology (prevalence, genetic determinants, and age-related variations).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.B.2		Knows	Pathophysiology of lactose intolerance	Describe the pathophysiology (insufficient lactose hydrolysis, osmotic effects, bacterial fermentation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology, Practice of Medicine,
HomUG-PM II.52.B.3		Knows How	Symptoms, signs, and diagnostic criteria	(a) Describe clinical features (abdominal cramps, bloating, flatulence, diarrhoea). (b) Recognize variability in symptom severity and onset. (c) Interpret diagnostic criteria (hydrogen breath test, lactose tolerance test).	C3/P2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Physiology, Practice of Medicine
HomUG-PM II.52.B.4		Knows How	Hydrogen breath test and lactose tolerance test	(a) Describe diagnostic tests (hydrogen breath test, lactose tolerance test). (b) Explain the principles, indications, and interpretation of diagnostic tests.	C3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Physiology, Pathology, Practice of Medicine

HomUG-PM II.52.B.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (IBS, IBD, SIBO, food allergies, infectious gastroenteritis). (b) Differentiate lactose intolerance from other gastrointestinal disorders. (c) Identify red flag symptoms (persistent diarrhoea, rectal bleeding, and weight loss).	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.52.B.6		Knows How	Dietary modifications and lactase supplementation	(a) Discuss treatment plans (lactose restriction, lactase enzyme supplementation). (b) Explain nutritional therapy strategies (lactose-free dairy, fortified foods, supplements). (c) Evaluate pharmacotherapy options (lactase enzyme supplements, prebiotics/probiotics).	C3	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Practice of Medicine, Research Methodology
HomUG-PM II.52.B.7		Shows	Prognosis and preventive measures	(a) Educate patients on dietary modifications to alleviate symptoms and prevent complications. (b) Counsel patients on practical dietary management (reading labels, avoiding hidden lactose, social situations).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Practice of Medicine, Preventive Medicine

HomUG-PM II.52.B.8	Homoeopathic Orientation	Knows How	Homoeopathic principles and remedies for malabsorption syndromes	(a) Explain homoeopathic principles and their application in managing malabsorption syndromes. (b) Select remedies based on symptoms.	C3	MK	Lecture, Visual aids	MCQ, SAQ	SAQ, Bedside examination, Viva	Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Homoeopathic Pharmacy
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.53. Irritable Bowel Syndrome										
HomUG-PM II.53.1	Knowledge and Scholarship	Knows	Definition, pathophysiology, and epidemiology of IBS	(a) Define IBS as a chronic functional gastrointestinal disorder. (b) Explain the epidemiology (prevalence, gender distribution, age of onset, impact on quality of life).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Practice of Medicine

HomUG-PM II.53.2		Knows	Pathophysiology of IBS	Describe the pathophysiology (visceral hypersensitivity, altered gut motility, gut-brain axis dysregulation, psychosocial factors).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Physiology, Practice of Medicine
HomUG-PM II.53.3		Knows How	Symptoms, signs and diagnostic criteria	(a) Describe clinical features (abdominal pain, bloating, altered bowel habits). (b) Classify IBS into subtypes (IBS-D, IBS-C, IBS-M, IBS-U). (c) Interpret diagnostic criteria (Rome IV criteria).	C2	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Practice of Medicine
HomUG-PM II.53.4		Knows How	Rome criteria and exclusion of other conditions	(a) Discuss diagnostic tests and criteria (Rome IV criteria, patient history, and physical examination). (b) Explain the role of diagnostic tests to rule out other conditions (CBC, celiac screening, stool tests, colonoscopy).	C2/3	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine

HomUG- PM II.53.5		Knows How	Similar conditions and complications	(a) Discuss differential diagnosis (inflammatory bowel disease, celiac disease, lactose intolerance, bacterial overgrowth, colorectal cancer). (b) Differentiate IBS from other gastrointestinal conditions. (c) Recognize red flag symptoms (weight loss, fever, nocturnal symptoms, and family history of colorectal cancer).	C3	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG- PM II.53.6		Knows How	Lifestyle changes, dietary modifications and homeopathic remedies	(a) Discuss treatment plans (lifestyle changes, dietary modifications, and pharmacotherapy). (b) Explain the role of homeopathic remedies in IBS management.	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Research Methodology, Organon & Philosophy, Homoeopathic Materia Medica & Therapeutics, Research Methodology



HomUG-PM II.53.7		Shows	Prognosis and preventive measures	(a) Educate patients on the chronic nature of IBS and the importance of lifestyle and dietary modifications. (b) Counsel patients on practical strategies (low FODMAP diet, avoiding triggers, regular bowel habits, over-the-counter medications).	A2	NK	Role-playing, Patient counselling in OPD Clinical Posting	SAQ	OSCE, SAQ, LAQ	Primary care clinics, Patient support groups
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.54. Inflammatory Bowel Diseases - Crohn's Disease, Ulcerative Colitis										
HomUG-PM II.54.1	Knowledge and Scholarship	Knows	Definition of IBD	Define IBD as chronic inflammatory disorders of the gastrointestinal tract (Crohn's disease, ulcerative colitis).	C2	MK	Lecture, Reading, Discussions	SAQ	SAQ	Physiology, Practice of Medicine

HomUG-PM II.54.2		Knows	Definition and epidemiology of Crohn's Disease	(a) Define Crohn's disease as transmural inflammation affecting any part of the GI tract. (b) Explain the epidemiology (prevalence, age of onset, gender distribution, and geographical variation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.54.3		Knows	Pathophysiology of Crohn's Disease	Describe the pathophysiology (genetic susceptibility, immune dysregulation, environmental triggers, and microbial factors).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.54.4		Knows how	Symptoms, signs and complications of Crohn's Disease	(a) Describe clinical features (chronic diarrhoea, abdominal pain, weight loss, fatigue, rectal bleeding). (b) Outline complications (fistulas, strictures, abscesses, extraintestinal manifestations). (c) Explain disease variability and impact on quality of life.	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Practice of Medicine



HomUG-PM II.54.5	Knows How	Endoscopy, imaging, lab tests, and biopsy for Crohn's disease	(a) Discuss diagnostic tests (endoscopy, MRI, CT enterography, lab tests, and biopsy). (b) Interpret findings (segmental involvement, cobblestone appearance, granulomas).	C3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine
HomUG-PM II.54.6	Knows How	Similar conditions and distinguishing features of Crohn's Disease	(a) Discuss differential diagnosis (ulcerative colitis, IBS, infectious colitis, ischemic colitis, diverticulitis, colorectal cancer). (b) Differentiate Crohn's disease from other conditions. (c) Outline red flag symptoms requiring further evaluation.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.54.7	Knows How	Medical management, surgical options, and homeopathic remedies for Crohn's disease	(a) Discuss treatment plans (pharmacotherapy, surgery, homeopathic remedies). (b) Explain nutritional therapy (enteral nutrition, dietary modifications, and supplementation).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine

HomUG-PM II.54.8	Knows	Definition and epidemiology of ulcerative colitis	(a) Define ulcerative colitis as continuous mucosal inflammation limited to the colon and rectum. (b) Explain the epidemiology (prevalence, age of onset, gender distribution, and geographical variation).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Practice of Medicine
HomUG-PM II.54.9		Pathophysiology of Ulcerative Colitis	Describe the pathophysiology (immune dysregulation, genetic predisposition, environmental factors, and microbial influences).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine
HomUG-PM II.54.10	Knows How	Symptoms, signs and complications of Ulcerative Colitis	(a) Describe clinical features (chronic diarrhoea, rectal bleeding, abdominal pain, urgency, tenesmus, weight loss). (b) Outline complications (toxic megacolon, perforation, colorectal cancer risk). (c) Explain disease course and impact on quality of life.	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Practice of Medicine
HomUG-PM II.54.11	Knows How	Endoscopy, imaging, lab tests, and biopsy for ulcerative colitis	(a) Discuss diagnostic tests (endoscopy, imaging, lab tests, and biopsy). (b) Explain the role of diagnostic tests in confirming diagnosis,	C3/P2	MK	Lectures, OPD Clinical Postings, DOAP	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery

			assessing severity, and monitoring treatment. (c) Interpret findings (continuous inflammation, crypt abscesses, and mucosal ulcers).						
HomUG-PM II.54.12	Knows How	Similar conditions and distinguishing features of ulcerative colitis	(a) Discuss differential diagnosis (Crohn's disease, IBS, infectious colitis, ischemic colitis, diverticulitis, colorectal cancer). (b) Differentiate ulcerative colitis from other conditions. (c) Outline red flag symptoms requiring further evaluation.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.54.13	Knows How	Medical management, surgical options, and homeopathic remedies for ulcerative colitis	(a) Discuss treatment plans (pharmacotherapy, surgery, homeopathic remedies). (b) Explain nutritional therapy (enteral nutrition, dietary modifications, and supplementation).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine



HomUG-PM II.54.14		Knows How	Lifestyle changes, medication adherence, prognosis of IBD	(a) Educate patients on the chronic nature of IBD, medication adherence, lifestyle changes, and regular follow-up. (b) Counsel patients on practical strategies (avoiding triggers, maintaining nutrition, coping with psychosocial impact).	C3/A2	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Practice of Medicine, Preventive Medicine
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Sl. No	Competency	Millers Level: Does/Shows how/ Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.55. Abdominal Tuberculosis										
HomUG-PM II.55.1	Knowledge and Scholarship	Knows	Definition and epidemiology of abdominal tuberculosis	(a) Define abdominal tuberculosis as extrapulmonary TB affecting the GI tract, peritoneum, or abdominal organs. (b) Explain the epidemiology (prevalence, risk factors, and modes of transmission).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Preventive Medicine, Practice of Medicine

HomUG-PM II.55.2	Knows	Pathophysiology	Describe the pathophysiology (granulomatous inflammation caused by Mycobacterium tuberculosis).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.55.3	Knows How	Symptoms, signs and complications	(a) Describe clinical features (abdominal pain, weight loss, fever, night sweats, anorexia, altered bowel habits). (b) Identify complications (intestinal obstruction, perforation, abscesses, and fistulae).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.55.4	Knows How	Imaging, lab tests and biopsy, endoscopy	(a) Describe investigations (imaging, lab tests, endoscopy, and biopsy). (b) Interpret findings (thickened bowel loops, mesenteric lymphadenopathy, caseating granulomas).	C2-3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine

HomUG-PM II.55.5		Knows How	Similar conditions and distinguishing features	(a) Discuss differential diagnosis (Crohn's disease, ulcerative colitis, IBS, lymphoma, abdominal malignancies). (b) Differentiate abdominal tuberculosis from other conditions.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments , Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.55.6		Knows How	Medical management, surgical options and homeopathic remedies	(a) Discuss treatment plans (anti-tubercular drugs, surgery for complications, homeopathic remedies). (b) Explain the role of nutritional support and dietary modifications.	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments , Tutorials	OSCE, Bedside examination , Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Research Methodology, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.56. Neoplasia of the bowel										

HomUG-PM II.56.1	Knowledge and Scholarship	Knows	Definition and types of bowel neoplasia	(a) Describe bowel neoplasia as abnormal cell growth in the bowel (benign or malignant). (b) Differentiate between types (adenomas, adenocarcinomas).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.56.2		Knows How	Pathophysiology of bowel neoplasia	Describe the pathophysiology (cellular mutation, growth dysregulation, and metastasis).	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.56.3		Knows How	Symptoms, signs, and complications	(a) Describe clinical features (changes in bowel habits, rectal bleeding, abdominal pain, weight loss, anaemia). (b) Recognize complications (bowel obstruction, perforation, and metastasis).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.56.4		Knows How	Imaging, lab tests, biopsy, and endoscopy	(a) Describe investigations (imaging, lab tests, endoscopy, and biopsy). (b) Outline the role of diagnostic tests in diagnosis, staging, and monitoring. (c) Interpret findings (imaging features, histopathological results).	C2-3/P2	MK	Lectures, OPD Clinical Postings, DOAP	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Surgery, Practice of Medicine

HomUG-PM II.56.5		Knows How	Similar conditions and distinguishing features	(a) Discuss differential diagnosis (IBD, IBS, diverticulitis, gastrointestinal infections). (b) Differentiate bowel neoplasia from other conditions.	C3/4	MK	OPD Clinical Postings, DOAP	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.56.6		Knows How	Medical management, surgical options, and homeopathic remedies	(a) Discuss treatment plans (surgery, chemotherapy, radiotherapy, homeopathic remedies). (b) Explain the role of adjuvant therapies (nutritional support, managing side effects). (c) Evaluate treatment modalities based on patient needs.	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine, Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.57. Anorectal disorders										
HomUG-PM II.57.1	Knowledge and Scholarship	Knows	Definition, types, and pathophysiology of anorectal disorders	(a) Define common anorectal disorders (haemorrhoids, anal fissures, abscesses, fistulas, rectal prolapse). (b) Explain the pathophysiology	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology,Surgery, Practice of Medicine

			(inflammation, infection, increased intra-abdominal pressure, and structural weaknesses).						
HomUG-PM II.57.2	Knows How	Symptoms, signs, and complications	(a) Discuss common symptoms (pain, bleeding, pruritus, discharge, palpable masses). (b) Describe complications (infection, chronic pain, incontinence, recurrent fistulas).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.57.4	Knows How	Physical examination, imaging, and lab tests	(a) Enumerate diagnostic tools (physical exam, imaging, lab tests). (b) Explain how to interpret findings (haemorrhoids, fistulas, signs of infection/inflammation). (c) Describe the importance of histopathological examination when needed.	C3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery
HomUG-PM II.57.5	Knows How	Similar conditions and distinguishing features	(a) Discuss differential diagnoses (colorectal cancer, IBD, STIs, dermatological conditions). (b) Differentiate between anorectal disorders based on clinical history, symptoms, and	C3/4	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine

				diagnostic findings.						
HomUG-PM II.57.6		Knows How	Medical management, surgical options, and homoeopathic remedies	(a) Discuss treatment plans (medical management, surgery, homoeopathic remedies). (b) Explain the role of lifestyle modifications (high-fiber diet, hydration, hygiene, avoiding straining).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine
HomUG-PM II.57.7		Knows How	Lifestyle changes, medication adherence, and prognosis	(a) Educate patients on early detection, treatment adherence, and follow-up. (b) Counsel patients on lifestyle modifications (high-fibre diet, hydration, exercise, anal hygiene).	C3/A2	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Practice of Medicine, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.58. Diverticulitis										

HomUG-PM II.58.1	Knowledge and Scholarship	Knows	Definition and types of diverticulitis	(a) Describe diverticulitis as inflammation and infection of diverticula. (b) Differentiate between uncomplicated and complicated diverticulitis.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Surgery, Practice of Medicine
HomUG-PM II.58.2		Knows	Pathophysiology of diverticulitis	(a) Discuss how diverticula form due to increased intraluminal pressure. (b) Explain how trapped faecal matter causes inflammation and infection.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ	Pathology, Surgery, Practice of Medicine
HomUG-PM II.58.3		Knows How	Symptoms, signs, and complications	(a) Outline common symptoms (lower abdominal pain, fever, changes in bowel habits, nausea, vomiting). (b) Describe complications (abscess, fistula, obstruction, peritonitis).	C2/3	MK	Lectures, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.58.4		Knows How	Physical examination, imaging, and lab tests	(a) Enumerate diagnostic tools (physical exam, imaging, lab tests). (b) Explain how to interpret findings (thickened bowel walls on CT, elevated WBC, inflammatory markers).	C3/P2	MK	Lectures, OPD Clinical Postings	SAQ, Group assignments	MCQ, LAQ, Viva	Pathology, Practice of Medicine, Surgery



HomUG-PM II.58.5		Knows How	Similar conditions and distinguishing features	(a) List differential diagnoses (IBS, colorectal cancer, IBD, gynaecological conditions). (b) Differentiate diverticulitis from other conditions based on clinical history and diagnostic findings.	C4/5	MK	OPD Clinical Postings,	Group assignments, Tutorials	OSCE, Bedside Examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.58.6		Knows How	Medical management, surgical options, and homeopathic remedies	(a) Enumerate treatment plans (antibiotics, pain relief, surgery, homeopathic remedies). (b) Discuss dietary modifications (high-fiber diet), lifestyle changes (exercise, hydration), and preventative measures (avoiding seeds/nuts).	C3	MK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics, Practice of Medicine, Preventive Medicine
HomUG-PM II.58.7		Knows How	Lifestyle changes, medication adherence, and prognosis	(a) Educate patients on early detection, treatment adherence, and follow-up. (b) Counsel patients on lifestyle modifications (high-fiber diet, hydration, exercise, avoiding triggers).	C3/A2	NK	Lectures, Journal clubs, Online research of data bases	Group assignments, Tutorials	OSCE, Bedside examination, Viva	Practice of Medicine, Preventive Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	

HomUG-PM II.59. Homoeopathic Therapeutics										
HomUG-PM II.59.1	Homoeopathic Orientation	Knows	Major homoeopathic remedies for GI disorders	(a) Identify major remedies (Nux Vomica, Lycopodium, Arsenicum Album, and Pulsatilla). (b) Describe remedy profiles (keynotes, modalities, characteristic symptoms). (c) Differentiate remedies based on specific indications and symptoms.	C2	MK	Lecture, Reading, Discussions	MCQ, SAQ	SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic therapeutics
HomUG-PM II.59.2		Knows	Indications, symptoms, and signs for remedy selection	(a) Recognize indications and symptomatology for remedies in GI conditions (gastritis, peptic ulcers, IBS, diverticulitis). (b) Correlate symptoms with appropriate remedies. (c) Explain modalities (aggravating and ameliorating factors) for remedy selection.	C2	MK	OPD Clinical Postings	MCQ, SAQ	SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Therapeutics

HomUG-PM II.59.3		Knows How	Remedy selection based on symptoms, case-taking and repertorisation	(a) Discuss the importance of thorough case-taking (symptoms, medical history, individual characteristics). (b) Select remedies using repertory rubrics, software, and charts. (c) Analyze cases to match symptom pictures with remedy profiles. (d) Choose appropriate potency and dosage based on the condition and patient vitality.	C3	MK	OPD Clinical Postings	MCQ, SAQ	SAQ, Bedside Examination, Viva	Repertory, Organon, Materia Medica, Homoeopathic Pharmacy
HomUG-PM II.59.4		Knows How	Treatment plans, follow-up and prognosis	(a) Discuss individualized treatment plans (remedies, follow-up schedules). (b) Monitor patient progress and adjust treatment plans as needed. (c) Evaluate treatment outcomes (symptom changes, patient feedback, and overall health improvement).	C3	MK	Role- playing, OPD Clinical Postings	Feedback, Reflection	OSCE, Patient education session	Practice of Medicine, Organon



HomUG-PM II.59.5		Knows How	Patient education, lifestyle advice and preventive measures	(a) Educate patients on homoeopathic principles, expected outcomes, and adherence. (b) Advise on lifestyle and dietary changes (stress reduction, hydration, and dietary modifications). (c) Discuss preventive measures (balanced diet, exercise, avoiding triggers).	C3/A2	NK	Role-playing, OPD Clinical Postings	Feedback, Reflection	OSCE, Patient education session	Organon, Practice of Medicine, Preventive Medicine
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5.5. Disorders of Liver, Gall Bladder and Pancreas

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.60. Clinical approach to Hepatobiliary and Pancreatic Diseases										
HomUG-PM II.60.1	Knowledge and Scholarship	Knows	Structure and function of the liver, gallbladder, and pancreas	(a) Outline the anatomical structure (liver, gallbladder, pancreas, blood supply, biliary tree). (b) Explain physiological functions (bile production, detoxification, digestion). (c) Identify key anatomical landmarks and	C1/2/3	MK	Lecture, Reading, Discussions	MCQ, SAQ	SAQ, LAQ	Anatomy and Physiology courses

			physiological processes.						
HomUG-PM II.60.2	Knows How	Symptoms and signs of hepatobiliary and pancreatic diseases	(a) Recognize common symptoms and signs (jaundice, abdominal pain, nausea, vomiting, and changes in stool/urine color). (b) Describe clinical manifestations of specific diseases (hepatitis, cholecystitis, pancreatitis, liver cirrhosis). (c) Interpret symptoms to identify underlying conditions.	C2	MK	OPD Clinical Postings	SAQ	OSCE, Bedside Exams	Internal Medicine, Gastroenterology classes
HomUG-PM II.60.3	Knows How	History taking and physical examination techniques	(a) Take a comprehensive patient history (risk factors, symptoms, medical history). (b) Perform a physical examination (inspection, palpation, percussion, auscultation). (c) Identify clinical signs (hepatomegaly, Murphy's sign, and Cullen's sign) and their significance.	P2	MK	OPD Clinical Postings, Bedside clinical teachings, Simulation labs		OSCE, Bedside Examinations	Clinical rotations, Internships

HomUG-PM II.60.4		Knows How	Liver function tests, imaging studies, and biopsy techniques	(a) Enumerate diagnostic tests (liver function tests, imaging, and biopsy). (b) Interpret test results and correlate with clinical findings. (c) Discuss limitations and pitfalls of diagnostic tests.	C3/P2	MK	Lectures, Discussions	Tutorials, Group Presentations	SAQ, OSCE	Pathology and Radiology integration
HomUG-PM II.60.5		Knows How	Common differential diagnoses in hepatobiliary and pancreatic diseases	(a) Formulate differential diagnoses for common symptoms. (b) Analyze clinical and diagnostic data to narrow down diagnoses. (c) Apply diagnostic criteria and guidelines for decision-making.	C3/4/5	MK	Group Discussions	Tutorials, Group Presentations	Bedside Examinations, Biva	Multidisciplinary rounds, Clinical practice
HomUG-PM II.60.6		Knows How	Homoeopathic and conventional treatment options	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Analyze patient response and adjust treatment plans. (c) Integrate input from healthcare professionals for holistic management.	C3	MK	OPD Clinical Postings	Group Presentations	OSCE, Bedside Examinations	Clinical practice, Therapeutics sessions

Sl. No	Competenc	Millers	Content	SLO	Blooms	Priority -	T-L	Assessment	Integration
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	y	Level: Does/Show s how/Knows how/ Knows			Domain/ Guilbert' s Level	Must Know/ Desirabl e to know/ nice to know	Methods	Formative	Summative	
HomUG-PM II.61. Acute Viral Hepatitis										
HomUG -PM II.61.1	Knowledge and Scholarship	Knows	Definition, causes, and types of viral hepatitis	(a) Define hepatitis as liver inflammation caused by viruses, alcohol, toxins, etc. (b) Describe types of viral hepatitis (A, B, C, D, E) and their transmission routes. (c) Identify risk factors for acute viral hepatitis.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology
HomUG -PM II.61.2		Knows	Pathogenesis of acute viral hepatitis	Explain the pathogenesis (immune response, liver inflammation).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology
HomUG -PM II.61.3		Knows How	Symptoms and signs of acute viral hepatitis	(a) Describe common symptoms (fatigue, jaundice, dark urine, and hepatomegaly) .	C2	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine

				(b) Outline stages of acute viral hepatitis (incubation to convalescence) . (c) Associate symptoms with specific types of viral hepatitis.						
HomUG -PM II.61.4	Knows How	Serological tests, liver function tests, and imaging studies		(a) List diagnostic tests (LFTs, viral serologies, imaging). (b) Interpret test results (LFTs, HBsAg, and anti-HCV). (c) Explain imaging findings (liver ultrasound, CT scan).	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Pathology and Laboratory Medicine integration
HomUG -PM II.61.5	Knows How	Differential diagnoses for jaundice and related symptoms		(a) Formulate differential diagnoses for jaundice (haemolytic anaemia, cholestasis, cirrhosis). (b) Analyze clinical data to narrow down diagnoses. (c) Apply diagnostic criteria to	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations , Viva	Practice of Medicine

				distinguish between viral hepatitis and other liver diseases.						
HomUG -PM II.61.6		Shows How	Homoeopathic and conventional treatment options	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response and adjust treatment plans. (c) Integrate supportive care (hydration, nutrition, rest).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions , SAQ	OSCE, Bedside Examinations , Viva	Practice of Medicine, Pharmacology , Homoeopathic Therapeutics
HomUG -PM II.61.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on their condition, treatment options, and adherence. (b) Counsel on lifestyle changes (avoiding alcohol, hygiene, safe food handling). (c) Discuss preventive measures (vaccination,	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine



				avoiding virus exposure).						
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.62. Chronic Hepatitis										
HomUG-PM II.62.1	Knowledge and Scholarship	Knows	Types of chronic hepatitis (B, C) and transmission	(a) Identify types of chronic hepatitis (B, C) and their modes of transmission. (b) List risk factors for chronic hepatitis (viral persistence, alcohol use, co-infections).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology
HomUG-PM II.62.2		Knows	Pathogenesis of chronic hepatitis	Explain the pathogenesis (liver injury, fibrosis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Pathology, Microbiology

HomUG-PM II.62.3		Knows How	Symptoms and signs of chronic hepatitis	(a) Recognize common symptoms (fatigue, malaise, anorexia, jaundice). (b) Identify clinical signs (spider angiomas, palmar erythema, and ascites). (c) Describe stages and progression (asymptomatic phase, active inflammation, cirrhosis). (d) Correlate symptoms and findings with chronic hepatitis and complications.	C2	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine
HomUG-PM II.62.4		Knows How	Liver function tests, serological tests, and imaging studies	(a) List diagnostic tests (LFTs, viral serologies, liver biopsy, and imaging). (b) Explain imaging findings (liver ultrasound, CT scan, elastography).	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Practice of Medicine
HomUG-PM II.62.5		Knows How	Differential diagnoses of chronic liver disease	(a) Discuss differential diagnoses (autoimmune hepatitis, alcoholic liver disease). (b) Analyze clinical data to narrow down diagnoses. (c) Apply diagnostic criteria to distinguish between chronic hepatitis and other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine

HomUG-PM II.62.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, assess side effects, and adjust treatment plans. (c) Integrate supportive care (dietary modifications, liver protection, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Practice of Medicine, Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.62.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on their condition, treatment options, and adherence. (b) Counsel on lifestyle changes (avoiding alcohol, hygiene, safe food handling). (c) Discuss preventive measures (hepatitis B vaccination, avoiding virus exposure).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.63. Alcoholic Liver Diseases										

HomUG-PM II.63.1	Knowledge and Scholarship	Knows	Definition, causes and risk factors of alcoholic liver disease (ALD)	(a) Define ALD as liver damage from excessive alcohol consumption. (b) Identify causes and risk factors (excessive alcohol, genetic predisposition). (c) Describe stages of ALD (fatty liver, alcoholic hepatitis, cirrhosis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.63.2		Knows	Pathogenesis of Alcoholic Liver disease	Explain the pathogenesis (alcohol metabolism leading to steatosis, fibrosis, and cirrhosis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.63.3		Knows How	Symptoms and signs of ALD	(a) Identify common symptoms (jaundice, fatigue, abdominal pain, and ascites). (b) Describe clinical signs (hepatomegaly, spider angiomas, palmar erythema). (c) Recognize complications (portal hypertension, ascites, varices, hepatic encephalopathy). (d) Assess severity using clinical scoring systems (Child-Pugh, MELD).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.63.4		Knows How	Liver function tests, imaging studies, and liver biopsy	(a) Discuss diagnostic tests (LFTs, CBC, imaging, liver biopsy). (b) Interpret LFT results (elevated AST/ALT ratio, GGT). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy results.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Practice of Medicine, Surgery

HomUG-PM II.63.5		Knows How	Differential diagnoses of liver diseases	(a) Discuss differential diagnoses (viral hepatitis, non-alcoholic fatty liver disease, autoimmune hepatitis). (b) Apply diagnostic criteria to differentiate ALD from other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.63.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage withdrawal, and assess side effects. (c) Discuss supportive care (nutritional support, vitamin supplementation, lifestyle modifications).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.63.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on ALD, abstinence, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine
HomUG-PM II.64.A. Cirrhosis of Liver										

HomUG-PM II.64.A.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of cirrhosis	(a) Define cirrhosis as late-stage liver scarring caused by diseases like hepatitis and chronic alcohol abuse. (b) Identify causes and risk factors (chronic alcohol use, viral hepatitis, non-alcoholic fatty liver disease). (c) Describe stages of cirrhosis (compensated to decompensated).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.64.A.2		Knows	Pathogenesis of Cirrhosis	Explain the pathogenesis (chronic liver injury leading to fibrosis, nodule formation, liver dysfunction).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.64.A.3		Knows How	Symptoms and signs of cirrhosis	(a) Identify common symptoms (jaundice, fatigue, pruritus, abdominal distension). (b) Describe clinical signs (spider angiomas, palmar erythema, ascites, and encephalopathy). (c) Recognize complications (portal hypertension, variceal bleeding, and hepatocellular carcinoma). (d) Assess severity using clinical scoring systems (Child-Pugh, MELD).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.A.4		Knows How	Liver function tests, imaging studies, and liver biopsy	(a) Discuss diagnostic tests (LFTs, CBC, imaging, and liver biopsy). (b) Interpret LFT results (elevated AST/ALT ratio, bilirubin, and albumin). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy results.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine

HomUG-PM II.64.A.5		Knows How	Differential diagnoses of liver diseases	(a) Discuss differential diagnoses (alcoholic liver disease, non-alcoholic fatty liver disease, autoimmune hepatitis). (b) Analyze clinical data, history, and test results to narrow down diagnoses. (c) Apply diagnostic criteria to differentiate cirrhosis from other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.A.6		Shows How	Homoeopathic and conventional treatment options, supportive care	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage complications, and assess side effects. (c) Integrate supportive care (nutritional support, ascites management, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine

HomUG-PM II.64.A.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on cirrhosis, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine
HomUG-PM II.64.B. Portal Hypertension										
HomUG-PM II.64.B.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of portal hypertension	(a) Define portal hypertension as increased blood pressure in the portal venous system. (b) Identify causes and risk factors (cirrhosis, hepatic vein obstruction, and schistosomiasis). (c) Describe physiological consequences (Porto systemic collaterals, varices).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.64.B.2		Knows	Pathogenesis of portal hypertension	Explain the pathogenesis (increased resistance to portal blood flow leading to elevated portal venous pressure).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery

HomUG-PM II.64.B.3	Knows How	Symptoms and signs of portal hypertension	(a) Identify common symptoms (splenomegaly, ascites, gastrointestinal bleeding). (b) Describe clinical signs (ascites, caput medusa, jaundice, and hepatic encephalopathy). (c) Recognize complications (oesophageal varices, hepatic encephalopathy, and hepatorenal syndrome).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.B.4	Knows How	Liver function tests, imaging studies, endoscopy, and HVP	(a) List diagnostic tests (LFTs, CBC, ultrasound, CT, MRI, endoscopy, HVP). (b) Explain the significance of endoscopic findings (varices, complications).	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.64.B.5	Knows How	Differential diagnoses of portal hypertension	Discuss differential diagnoses (other causes of splenomegaly and ascites).	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.B.6	Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Monitor patient response, manage complications, and assess side effects. (c) Integrate supportive care (nutritional support, ascites management, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine

HomUG-PM II.64.B.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on portal hypertension, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine
HomUG-PM II.64.C. Hepatic Failure										
HomUG-PM II.64.C.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of hepatic failure	(a) Define hepatic failure as loss of liver function with jaundice, coagulopathy, and encephalopathy. (b) Identify causes and risk factors (viral hepatitis, alcohol abuse, drug-induced injury, autoimmune diseases). (c) Describe stages (acute liver failure, chronic liver failure).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Practice of Medicine
HomUG-PM II.64.C.2		Knows	Pathogenesis of Hepatic failure	Explain the pathogenesis (liver cell injury leading to decreased liver function and systemic complications).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Practice of Medicine
HomUG-PM II.64.C.3		Knows How	Symptoms, signs, and complications of hepatic failure	(a) Identify common symptoms (jaundice, confusion, ascites, gastrointestinal bleeding). (b) Describe clinical signs (hepatic encephalopathy, asterixis, and coagulopathy). (c) Discuss complications (hepatorenal syndrome, variceal haemorrhage).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine

HomUG-PM II.64.C.4		Knows How	Liver function tests, imaging studies, and liver biopsy	(a) List diagnostic tests (LFTs, CBC, imaging, liver biopsy). (b) Discuss LFT results (elevated AST/ALT, bilirubin, INR, albumin). (c) Explain imaging findings (ultrasound, CT, MRI) and biopsy significance.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.64.C.5		Knows How	Differential diagnoses of hepatic failure	(a) List differential diagnoses (acute hepatitis, cirrhosis, metabolic liver diseases). (b) Discuss diagnostic criteria to differentiate hepatic failure from other liver diseases.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.64.C.6		Knows How	Homoeopathic and conventional treatment options, supportive care	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Integrate supportive care (nutritional support, ascites management, regular monitoring).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Practice of Medicine
HomUG-PM II.64.C.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on hepatic failure, lifestyle modifications, and treatment options. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding hepatotoxic substances). (c) Discuss preventive measures (monitoring, hepatitis vaccination, preventing liver damage).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.65. Liver abscess & Cysts										
HomUG-PM II.65.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of liver abscesses and cysts	(a) Define liver abscesses and cysts as localized collections of pus or fluid in the liver. (b) Identify causes and risk factors (bacterial, amoebic infections, trauma, obstruction). (c) Describe pathophysiological changes in the liver.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.65.2		Knows	Pathogenesis of Liver Abscess and Cysts	Explain the pathogenesis (infection, inflammation, cyst formation).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.65.3		Knows How	Symptoms, signs and complications of liver abscesses and cysts	(a) Identify common symptoms (fever, right upper quadrant pain, jaundice). (b) Describe clinical signs (hepatomegaly, tenderness, systemic infection). (c) List complications (rupture, secondary infection, systemic spread).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery

HomUG-PM II.65.4	Knows How	Laboratory tests, imaging studies, and microbiological tests	(a) List diagnostic tests (LFTs, CBC, imaging, microbiological tests). (b) Discuss imaging results to identify and differentiate abscesses and cysts. (c) Explain microbiological findings for diagnosing causative organisms.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.65.5	Knows How	Differential diagnoses of liver abscesses and cysts	(a) Discuss differential diagnoses (other liver masses, infections). (b) Identify criteria to differentiate abscesses and cysts from other hepatic conditions.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.65.6	Knows How	Homoeopathic and conventional treatment options, drainage procedures	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Outline interventional procedures (percutaneous drainage, surgical approaches).	C2/3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.65.7	Does	Patient education, lifestyle advice and preventive measures	(a) Educate patients on liver abscesses and cysts, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine



				hepatotoxic substances). (c) Discuss preventive measures (hygiene, avoiding contaminated food/water, regular check-ups).						
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.66. Cholecystitis: Acute & Chronic										
HomUG-PM II.66.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of acute and chronic cholecystitis	(a) Define cholecystitis as gallbladder inflammation, often caused by gallstones. (b) Identify causes and risk factors (gallstones, infections, biliary stasis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.66.2		Knows	Pathogenesis of acute and chronic cholecystitis	(a) Explain the pathogenesis (inflammation, infection, biliary obstruction). (b) Describe pathophysiological changes in the gallbladder.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery

HomUG-PM II.66.3		Knows How	Symptoms and signs of acute and chronic cholecystitis	(a) Identify common symptoms of acute cholecystitis (right upper quadrant pain, fever, nausea, vomiting). (b) Describe clinical signs (Murphy's sign, jaundice, palpable gallbladder). (c) Describe symptoms and signs of chronic cholecystitis (intermittent pain, bloating, and dyspepsia).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.66.4		Knows How	Laboratory tests, imaging studies, and liver function tests	(a) Discuss diagnostic tests (LFTs, CBC, ultrasound, HIDA scan). (b) Explain the significance of laboratory findings in differentiating acute and chronic cholecystitis.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.66.5		Knows How	Differential diagnoses of acute and chronic cholecystitis	(a) Discuss differential diagnoses (other causes of abdominal pain). (b) Apply diagnostic criteria to differentiate cholecystitis from other abdominal conditions.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery

HomUG-PM II.66.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (cholecystectomy for recurrent or complicated cases).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.66.7		Does	Patient education, lifestyle advice and preventive measures	(a) Educate patients on cholecystitis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding fatty foods). (c) Discuss preventive measures (healthy weight, avoiding rapid weight loss, regular check-ups).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.67. Cholelithiasis										

HomUG-PM II.67.1	Knowledge and Scholarship	Knows	Definition, Causes and risk factors of cholelithiasis	(a) Define cholelithiasis as gallstone formation in the gallbladder. (b) Identify causes and risk factors (genetic predisposition, obesity, rapid weight loss, medications).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.67.2		Knows	Pathogenesis of Cholelithiasis	(a) Explain the pathogenesis (cholesterol saturation, bile stasis, gallbladder motility issues). (b) Describe pathophysiological changes in the gallbladder and biliary system.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.67.3		Knows How	Symptoms, signs & Complications of Cholelithiasis	(a) Identify common symptoms (right upper quadrant pain, biliary colic, nausea, vomiting). (b) Describe clinical signs (tenderness, positive Murphy's sign). (c) Discuss complications (acute cholecystitis, cholangitis, and pancreatitis).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.67.4		Knows How	Laboratory tests, imaging studies and liver function tests	(a) List diagnostic tests (LFTs, CBC, ultrasound, MRCP). (b) Explain the significance of laboratory findings in diagnosing cholelithiasis.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine

HomUG-PM II.67.5		Knows How	Differential diagnoses of Cholelithiasis	Discuss differential diagnoses (other causes of abdominal pain and biliary disorders).	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.67.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Discuss treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (laparoscopic cholecystectomy for symptomatic or complicated cases).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.67.7		Does	Patient education, lifestyle advice and preventive measures	(a) Educate patients on cholelithiasis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, exercise, avoiding high-fat foods). (c) Discuss preventive measures (healthy weight, avoiding rapid weight loss, regular check-ups).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.68. Acute and Chronic Pancreatitis										
HomUG-PM II.68.1	Knowledge and Scholarship	Knows	Definition, Causes and risk factors of acute and chronic pancreatitis	(a) Define pancreatitis as inflammation of the pancreas (acute or chronic). (b) Identify causes and risk factors (gallstones, alcohol use, hypertriglyceridemia, genetic factors).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.68.2		Knows	Pathogenesis of acute and chronic pancreatitis	(a) Explain the pathogenesis (pancreatic inflammation, autodigestion, and fibrosis). (b) Describe pathophysiological changes in the pancreas.	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery

HomUG-PM II.68.3	Knows How	Symptoms and signs of acute and chronic pancreatitis	(a) Identify common symptoms of acute pancreatitis (severe abdominal pain, nausea, vomiting, and fever). (b) Describe clinical signs (abdominal tenderness, jaundice, and malabsorption). (c) Identify symptoms and signs of chronic pancreatitis (persistent pain, weight loss, and steatorrhea).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery
HomUG-PM II.68.4	Knows How	Laboratory tests, imaging studies, and pancreatic function tests	(a) List diagnostic tests (serum amylase, lipase, LFTs, CT, MRI, ultrasound, pancreatic function tests). (b) Discuss imaging results to identify and differentiate acute/chronic pancreatitis and assess complications. (c) Explain the significance of laboratory findings in diagnosis and monitoring.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Surgery, Practice of Medicine
HomUG-PM II.68.5	Knows How	Differential diagnoses of acute and chronic pancreatitis	(a) Discuss differential diagnoses (other causes of abdominal pain, pancreatic disorders). (b) Define diagnostic criteria to differentiate pancreatitis from other conditions.	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery

HomUG-PM II.68.6		Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (endoscopic procedures, surgery for complications).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.68.7		Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on pancreatitis, treatment adherence, and lifestyle modifications. (b) Counsel on lifestyle changes (balanced diet, avoiding alcohol, regular exercise). (c) Discuss preventive measures (healthy weight, managing hyperlipidaemia, avoiding triggers).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.69. Hepatocellular Carcinoma(HCC)										

HomUG-PM II.69.1	Knowledge and Scholarship	Knows	Definition, causes, and risk factors of hepatocellular carcinoma (HCC)	(a) Define HCC as a primary malignant liver tumor often linked to chronic liver disease and cirrhosis. (b) Identify causes and risk factors (chronic hepatitis B/C, cirrhosis, aflatoxin exposure, metabolic disorders).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.69.2		Knows	Pathogenesis of HCC	(a) Explain the pathogenesis (hepatic cell transformation, genetic mutations, tumor growth). (b) Describe pathophysiological changes (tumor formation, local invasion, and metastasis).	C1	MK	Lecture, Reading	MCQ, SAQ	SAQ, LAQ, MCQ	Physiology, Pathology, Surgery
HomUG-PM II.69.3		Knows How	Symptoms and signs of HCC	(a) Identify common symptoms (right upper quadrant pain, weight loss, jaundice, and ascites). (b) Describe clinical signs (hepatomegaly, liver tenderness, and chronic liver disease signs). (c) Discuss advanced HCC symptoms (portal hypertension, encephalopathy, variceal bleeding).	C2/3	MK	Lectures, OPD Clinical Postings, Clinical simulations	SAQ	SAQ, OSCE, Bedside Examination, Viva	Practice of Medicine, Surgery

HomUG-PM II.69.4	Knows How	Laboratory tests, imaging studies, and tumor markers (AFP)	(a) List diagnostic tests (LFTs, serum AFP, CT, MRI, ultrasound, liver biopsy). (b) Discuss imaging results to identify HCC, differentiate from other lesions, and assess tumor staging/metastasis.	C2/3	MK	OPD Clinical Postings, Interactive seminars, group discussions	MCQ, SAQ	SAQ, OSCE	Physiology, Pathology, Surgery, Practice of Medicine
HomUG-PM II.69.5	Knows How	Differential diagnoses of HCC	Discuss differential diagnoses (metastatic liver disease, cholangiocarcinoma, benign liver tumors).	C3/4/5	MK	OPD Clinical Postings, Group Discussions	Tutorials, Team projects	Bedside Examinations, Viva	Practice of Medicine, Surgery
HomUG-PM II.69.6	Knows How	Homoeopathic and conventional treatment options, surgical options	(a) Describe treatment plans (homoeopathic and conventional strategies). (b) Discuss surgical options (resection, liver transplantation, palliative care).	C3/4	MK	OPD Clinical Postings, Role Play	Group Discussions, SAQ	OSCE, Bedside Examinations, Viva	Pharmacology, Homoeopathic Therapeutics, Surgery, Practice of Medicine
HomUG-PM II.69.7	Does	Patient education, lifestyle advice, and preventive measures	(a) Educate patients on HCC, early detection, and treatment options. (b) Counsel on lifestyle changes (balanced diet, avoiding alcohol, managing liver conditions). (c) Discuss preventive measures (hepatitis B vaccination, regular screening, and avoiding hepatotoxic substances).	A2/3	NK	Role-playing, Patient counselling	Group Discussions	OSCE, Patient education session	Practice of Medicine, Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.70. Miasmatic Interpretation of Liver, Gall bladder & Pancreas disorders										
HomUG-PM II.70.1	Homoeopathic orientation	Knows How	Understanding miasms as underlying causes of chronic diseases affecting the liver, gallbladder, and pancreas.	1. Describe the concept of miasms in the context of liver, gallbladder, and pancreatic disorders. 2. Identify symptoms related to different miasms. 3. Discuss treatment approaches based on miasmatic understanding.	C2	MK	Lecture, case discussions , interactive workshops	MCQs, group presentations , case analysis	Written exam, project on miasmatic approaches	Homoeopathic Philosophy

HomUG -PM II.70.2			Analysis of liver disorders (e.g., hepatitis, cirrhosis) through the lens of miasms, such as psora, syphilis, and sycosis.	1. Analyze liver disorders in terms of psora, syphilis, and sycotic miasms. 2. Recognize clinical features and treatment methods.	C2	MK	Case studies, peer review, discussion forums	Case study presentations, reflective essays	Written report on miasmatic analysis of liver disorders	Homoeopathic Philosophy
HomUG -PM II.70.3			Analysis of gallbladder disorders (e.g., cholecystitis, gallstones) through miasmatic theories.	1. Analyze gallbladder disorders in relation to miasms. 2. Identify treatment strategies and lifestyle modifications based on miasmatic understanding.	C2	MK	Group discussions, role play, clinical scenarios	Case discussions, quizzes on gallbladder disorders	Practical exam on gallbladder disease management	Homoeopathic Philosophy
HomUG -PM II.70.4			Evaluation of pancreatic disorders (e.g., pancreatitis, pancreatic cancer) from a miasmatic perspective.	1. Evaluate pancreatic disorders in terms of miasms. 2. Discuss implications for treatment and prognosis.	C2	MK	Interactive lectures, seminars, research projects	Group presentations on case studies, peer feedback	Written exam on pancreatic disorders and miasms	Homoeopathic Philosophy

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.71. Therapeutics related to Liver, Gall bladder & Pancreas disorders										
HomUG-PM II.71.1	Homoeopathic Orientation	Knows	Key remedies for liver diseases: Chelidonium, Carduus Marianus, Lycopodium, Nux Vomica, etc.	(a) Describe key homoeopathic remedies for liver disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such as Chelidonium, Carduus Marianus, and Nux Vomica in liver conditions.	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics
HomUG-PM II.71.2		Knows How	Differential indications of remedies for liver disorders	(a) Differentiate between homoeopathic remedies based on their specific indications for liver disorders. (b) Explain the subtle differences in symptomatology that guide remedy selection for liver conditions.	C2	MK	Case studies, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Practice of Medicine, Materia medica, Homoeopathic Therapeutics

HomUG-PM II.71.3		Knows	Key remedies for gall bladder diseases: Chelidonium, Carduus Marianus, Lycopodium, Nux Vomica, etc.	(a) Identify and describe key homoeopathic remedies for gall bladder disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such as Chelidonium and Lycopodium in gall bladder conditions.	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics
HomUG-PM II.71.4		Knows How	Differential indications of remedies for gall bladder disorders	(a) Differentiate between homoeopathic remedies based on their specific indications for gall bladder disorders. (B) Explain the subtle differences in symptomatology that guide remedy selection for gall bladder conditions.	C2	MK	Case studies, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Practice of Medicine, Materia medica, Homoeopathic Therapeutics
HomUG-PM II.71.5		Knows	Key remedies for pancreatic diseases: Phosphorus, Iris Versicolor, Lycopodium, Nux Vomica, etc.	(a) Identify and describe key homoeopathic remedies for pancreatic disorders. (b) Explain the indications and symptoms that guide the selection of these remedies. (c) Describe the common therapeutic uses of remedies such	C1	MK	Lecture, Reading, Discussions	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Materia Medica, Homoeopathic Pharmacy, Homoeopathic Therapeutics

				as Phosphorus and Iris Versicolor in pancreatic conditions.						
HomUG-PM II.71.6		Knows How	Differential indications of remedies for pancreatic disorders	(a) Differentiate between homoeopathic remedies based on their specific indications for pancreatic disorders. (b) Explain the subtle differences in symptomatology that guide remedy selection for pancreatic conditions.	C2	MK	Case studies, OPD Clinical Postings	MCQ, SAQ	MCQ, SAQ, Bedside Examination, Viva	Practice of Medicine, Materia medica, Homoeopathic Therapeutics

5.6. Endocrine and Metabolic Disorders

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.72. Approach to Endocrine Disorders										
HomUG-PM II.72.1	Knowledge and Scholarship	K	Basic endocrinology, hormone functions, and mechanisms of hormonal imbalances	Describe the physiological mechanisms leading to endocrine disorders	C1	MK	Lectures, Reading assignments	MCQ	MCQ, SAQ	Physiology, Biochemistry
HomUG-PM II.72.2			Common symptoms of endocrine dysfunction.	Identify the common symptoms associated with major endocrine disorders	C1	MK	Symptomatology exercises	Case presentations	OSCE, Viva voce	Pathology, Practice of Medicine



HomUG-PM II.72.3	SH	Self-monitoring techniques, importance of diet and exercise, stress management	(a) Educate patients on the importance of self-care in endocrine health (b) Educate patients on the importance of prevention in endocrine health.	P2	NK	Patient education workshops, Chart making	Patient education role-play	SAQ	Community Medicine.
HomUG-PM II.72.4	KH	Understanding the scope of homoeopathy and when to refer to or collaborate with other specialists	(a) Explain the role of homoeopathy in managing endocrine disorders. (b) Describe the limitations of homoeopathy in endocrine disorders.	C3	DK	Guest lectures	Team-based case management exercises	SAQ, LAQ	Organon, Homoeopathic Materia Medica
HomUG-PM II.72.5	KH	Psychoneuroendocrine Axis	(a) Define the components of the psychoneuroendocrine axis. (b) Explain its role in endocrine disorders. (c) Discuss feedback mechanisms.	C2	MK	Lectures, interactive discussions, multimedia presentations	Quizzes on axis components and functions	Written exam on PNE axis	Psychology, Physiology, PM
HomUG-PM II.72.6	KH	Clinical implications of the psychoneuroendocrine axis	(a) Identify how stress impacts endocrine function. (b) Evaluate case studies involving the psychoneuroendocrine axis.	C3	MK	Case studies, group projects	Case study presentations and discussions	Practical assessment on management strategies	Psychology, Physiology, PM

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.73. Hypothyroidism										

HomUG-PM II.73.1	Knowledge and Scholarship	K	Definition, epidemiology, causes, and risk factors of hypothyroidism	(a) Define hypothyroidism as insufficient thyroid hormone production. (b) Describe the prevalence of hypothyroidism. (c) List causes of hypothyroidism. (d) List risk factors for hypothyroidism.	C1	MK	Lecture, Reading	Quiz, Discussion	MCQ, SAQ	Practice of Medicine
HomUG-PM II.73.2			Signs and symptoms of hypothyroidism	Identify the common clinical manifestations of hypothyroidism	C1	MK	Case studies, Clinical shadowing	OSCE, Case presentation	OSCE, Clinical exam	Practice of Medicine, Pathology
HomUG-PM II.73.3		KH	Diagnostic criteria, lab tests (TSH, T4)	Interpret the results of laboratory tests for hypothyroidism diagnosis	C3	MK	Lab tutorials, Interactive lectures, DOAP	Lab result interpretation exercises	Lab test interpretation on exams	Physiology, Practice of Medicine
HomUG-PM II.73.4		SH	Treatment options, monitoring, and follow-up	Formulate a comprehensive management plan for a patient with hypothyroidism	P2	MK	Small group discussions, Clinical rotations	Treatment plan assignment	Case management exam	Pharmacology, Therapeutics
HomUG-PM II.73.5		Does	Patient education, lifestyle advice, medication adherence	(a) Educate patients on medication adherence. (b) Educate patients on lifestyle modifications.	A	MK	Role-playing, Patient education workshops	Patient counseling simulation	Oral exam	Community Medicine, Practice of medicine
HomUG-PM II.73.6		KH	Complications, comorbidities, emergency conditions (myxedema coma)	Identify the common complications in hypothyroidism	C2	MK	Problem-based learning, Clinical seminars	Case studies analysis	Comprehensive clinical exam	Practice of Medicine
HomUG-PM II.73.7			Review of current guidelines and research	Utilize evidence-based research in the treatment of hypothyroidism	P2	DK	Journal club, Online research databases	Evidence-based treatment plan presentation	SAQ	Research Methodology



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.74. Hyperthyroidism										
HomUG-PM II.74.1	Knowledge and Scholarship	K	Definition, Pathophysiology and causes of hyperthyroidism	(a) Defined as a condition characterized by excessive production of thyroid hormones, resulting in accelerated metabolism. (b) Describe the pathophysiological evolution of hyperthyroidism. (c) State the causes for hyperthyroidism	C1	MK	Lecture, Reading assignments	MCQ	MCQ, SAQ	Physiology, Endocrinology
HomUG-PM II.74.2			Signs and symptoms	Identify the clinical manifestations associated with hyperthyroidism	C1	MK	Lecture, Video demonstrat ions	MCQ	MCQ, SAQ, OSCE	Practice of Medicine
HomUG-PM II.74.3		KH	Laboratory and imaging tests	Interpret the results of diagnostic tests for hyperthyroidism	C2/3	MK	Group Presnatation	Lab data interpretation exercises	Bedside examination, Viva	Pathology, Practice of Medicine
HomUG-PM II.74.4		SH	Pharmacotherapy, radioactive iodine therapy, surgery	Develop a management plan based on the latest evidence-based guidelines	P2	MK	Problem-based learning	Treatment planning assignment	Bedside examination, Viva	Pharmacology, Surgery

HomUG-PM II.74.5	Does	Disease education, lifestyle modifications, follow-up care	Educate patients on their (a) condition, (b) management plan (c) how to recognize complications	P2	MK	Role-playing	Patient counselling simulation, Chart making	Oral examination	Community Medicine
HomUG-PM II.74.6	KH	Coordination of care across specialties	Define the multidisciplinary approach to hyperthyroidism management	C4/5	DK	Guest lectures, workshops, Team-based learning	SAQ	SAQ, LAQ	Practice of Medicine
HomUG-PM II.74.7		Thyroid storm, osteoporosis, atrial fibrillation	Identify the complications of hyperthyroidism	C2	MK	Clinical simulations, Case studies	Assignments	Clinical reasoning at bedside & Viva	Practice of Medicine
HomUG-PM II.74.8		Review of current guidelines and research	Utilize the evidence-based research in the treatment of hyperthyroidism	P2	DK	Journal club, Online research databases	Evidence-based treatment plan presentation	SAQ	Research Methodology

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.75. Thyroiditis										
HomUG-PM II.75.1	Knowledge and Scholarship	K	Definition, pathophysiology, and types of thyroiditis	(a) Define thyroiditis as inflammation of the thyroid gland. (b) Describe the pathophysiology of thyroiditis. (c) Describe types of thyroiditis (acute, subacute, chronic).	C1	MK	Lecture, Reading assignments	MCQ, SAQ	MCQ, SAQ	Pathology, Practice of Medicine

HomUG-PM II.75.2		Signs, symptoms, laboratory and imaging findings	(a) Identify clinical manifestations of thyroiditis. (b) Describe diagnostic criteria for thyroiditis.	C1	MK	Lectures, Clinical case discussions,	Diagnostic test interpretation exercises	OSCE	Practice of Medicine
HomUG-PM II.75.3	KH	Laboratory tests (e.g., TSH, T4, thyroid antibodies), imaging studies	Interpret the results of diagnostic tests to confirm thyroiditis	C2/3	MK	Interactive lectures	Lab data interpretation exercises	Bedside examination, Viva	Physiology, Pathology, Practice of Medicine, Radiology
HomUG-PM II.75.4	KH	Pharmacotherapy - symptomatic treatment, follow-up	Formulate a management plan tailored to the type and severity of thyroiditis	C3/P2	MK	Problem-based learning,	Assignments	Bedside examination, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.75.5	Does	Disease education, lifestyle modifications, and follow-up care	(a) Educate patients on managing thyroiditis. (b) Educate patients on medication adherence. (c) Educate patients on recognizing complications.	A3	MK	Role-playing, Patient education seminars	Patient counselling simulation, Chart making	Viva	Community Medicine
HomUG-PM II.75.6	KH	Thyroid storm, hypothyroidism, goiter	Define the management for complications of thyroiditis	C2/3	DK	Lectures, Case studies	MCQ	MCQ, SAQ, LAQ	Practice of Medicine
HomUG-PM II.75.7		Coordination of care across specialties	Define the multidisciplinary approach to thyroiditis management	C4/5	DK	Guest lectures, workshops, Team-based learning	SAQ	SQ, LAQ	Practice of Medicine, Surgery
HomUG-PM II.75.8	Does	Incorporating patient preferences and values in care plans	Engage patients in their care plans, respecting their preferences and values	A2/3	Nk	Patient interviews	Patient engagement role-play	LAQ	Forensic Medicine

Sl. No	Competency	Millers Level:	Content	SLO	Blooms	Priority -	T-L Methods	Assessment	Integration
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		Does/Shows how/Knows how/ Knows			Domain/ Guilbert's Level	Must Know/ Desirable to know/ nice to know		Formative	Summative	
HomUG-PM II.76. Goiters										
HomUG-PM II.76.1	Knowledge and Scholarship	K	Definition, causes, and pathophysiology of goiter	(a) Define goiter as abnormal thyroid gland enlargement. (b) List causes of goiter. (c) Describe pathophysiological mechanisms of goiter.		MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, SAQ	Anatomy, Physiology, Surgery
HomUG-PM II.76.2		KH	Signs and symptoms of goiter	List the signs and symptoms of goiter	C2	MK	Lectures, Clinical case discussions	Peer teaching, quizzes	OSCE, SAQ	Practice of Medicine
HomUG-PM II.76.3		SH	Physical examination techniques and diagnostic tests	(a) Define the diagnosis of goiter through clinical examination. (b) List the diagnostic investigations for goiter.	P2	MK	Practical sessions, Lab tutorials	Role-play, Diagnostic test interpretation exercises	Bedside examination, OSCE, Viva	Surgery, Practice of Medicine
HomUG-PM II.76.4		KH	Selection of homoeopathic remedies	List the Homoeopathic remedies in the management of goiter	C3	MK	Seminars, Case-based learning	Case study analysis	SAQ, Bedside examination, Viva	Pharmacology, Materia Medica
HomUG-PM II.76.5			Importance of iodine in diet, avoidance of goitrogens	Advise patients on dietary and lifestyle modifications to support treatment and prevent recurrence	A2	DK	Interactive lectures, Patient education workshops	Patient counseling simulation, Chart making	Viva	Community Medicine, Practice of Medicine

HomUG-PM II.76.6			Regular monitoring and adjustment of treatment	((a) Define the need for regular monitoring. (b) Adjust treatment plans based on response and lab results.	P2/3	DK	OPD/Clinical rotations, Journal clubs	Treatment plan adjustment exercises	Viva, Follow-up case presentation	Practice of Medicine, Homoeopathic Therapeutics
HomUG-PM II.76.7		K	Public health strategies for goiter prevention	Define the role of public health measures (e.g., iodized salt, education on goitrogens).	C1	NK	Guest lectures, Community medicine rotations	Group projects on public health strategies	SAQ, LAQ, Viva	Community Medicine
HomUG-PM II.76.8		Does	Current research and advancements in goiter treatment	Engage in continuous learning about the latest research on goiter treatment modalities.	C4/5	NK	Journal clubs, Online research and presentations	Literature review assignment	SAQ	Research Methodology.

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								Formative	Summative	
HomUG-PM II.77. Parathyroid disorders										
HomUG-PM II.77.1	Knowledge and Scholarship	K	Anatomy and physiology of parathyroid glands, calcium homeostasis	Explain the role of parathyroid glands in calcium regulation	C1	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, SAQ	Physiology, Anatomy

HomUG-PM II.77.2		Definition, causes, and mechanisms of parathyroid disorders	(a) Define parathyroid disorders as conditions affecting PTH secretion and calcium balance. (b) Describe causes of parathyroid disorders. (c) List risk factors for parathyroid disorders. (d) Define pathophysiological processes of parathyroid disorders.	C2	MK	Lecture, Case studies, Chart making	Group discussions, Concept maps	MCQ, SAWQ, Viva	Pathology, Biochemistry, Practice of Medicine, Surgery
HomUG-PM II.77.3	KH	Signs, symptoms, laboratory tests, and imaging studies	(a) Define diagnosis of parathyroid disorders using clinical presentation. (b) List diagnostic investigations (calcium, PTH levels, imaging).	C3/4	MK	Clinical skills workshops, Lab tutorials	Role-playing, Lab results interpretation exercise	OSCE, Viva	Practice of Medicine
HomUG-PM II.77.4		Medical management and surgical treatment options	Define the management plan for patients with parathyroid disorders	P2	MK	Seminars, OPD/Clinical rotations	Treatment planning exercises, Assignments	Bedside examination, Viva	Surgery, Practice of Medicine, Pharmacology
HomUG-PM II.77.5		Patient education on disease impact and management strategies	Provide comprehensive patient education on the disorder and management plan.	A2	DK	Patient education workshops, Role-playing	Patient counseling simulation, Chart making	SAQ	Practice of Medicine, Community Medicine
HomUG-PM II.77.6		Interdisciplinary approach to parathyroid disorders	Define the multidisciplinary approach (endocrinology, surgery, radiology, and nursing).	C3	DK	Team-based learning, Guest Lectures	Collaborative care plan development	Bedside examination, Viva	Surgery, Practice of Medicine, Pharmacology
HomUG-PM II.77.7		Homoeopathic remedies for parathyroid disorders	List homoeopathic remedies for adjunctive treatment of parathyroid disorders.	C3	NK	Lectures on therapeutics, Materia Medica study	Case study analysis with homoeopathic perspective	SAQ, Bedside examination, Viva	Homoeopathy, Materia Medica, Pharmacology

HomUG-PM II.77.8		Does	Current research trends and advances in diagnosis and treatment	Engage in continuous learning on advances in managing parathyroid disorders.	C4/5	Nk	Journal clubs, Online research and presentations	Literature review assignment	SAQ	Research Methodology
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.78. Hypo and Hypercalcemia										
HomUG-PM II.78.1	Knowledge and Scholarship	K	Calcium metabolism and functions of calcium in the body	Describe the importance of calcium in physiological processes.	C1	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, SAQ	Physiology, Biochemistry
HomUG-PM II.78.2			Dietary sourcesand absorption pathways	(a) List the sources of dietary calcium. (b) Define the mechanisms of absorption of Calcium.	C1	MK	Nutritional science lectures, Case studies	Chart making, Group discussions	OSCE, Viva	Physiology, Biochemistry
HomUG-PM II.78.3		KH	Hormonal regulation, bone turnover, and renal excretion	Describe mechanisms maintaining calcium homeostasis (PTH, calcitonin, vitamin D).	C1/2	MK	Endocrinology lectures, Lab tutorials	Problem-solving exercises, Case-based discussions	SAQ, LAQ	Physiology, Biochemistry
HomUG-PM II.78.4		K	Causes, mechanisms, and clinical significance of hypo- and	(a) List causes of hypo- and hypercalcemia. (b) Describe pathophysiological mechanisms of hypo- and hypercalcemia.	C2	MK	Lecture, Reading assignments	Quiz, Short essays	MCQ, Viva	Biochemistry, Pathology, Practice of Medicine

		hypercalcemia							
HomUG-PM II.78.5	KH	Signs, symptoms and laboratory findings	Recognize clinical manifestations of hypo- and hypercalcemia.	C3	MK	Clinical case discussions, Lab tutorials	Diagnostic test interpretation exercises	OSCE, Viva	Practice of Medicine
HomUG-PM II.78.6		Serum calcium levels, ionized calcium, and other laboratory tests	Interpret diagnostic tests to confirm hypo- and hypercalcemia.	P2	MK	Lab tutorials, Interactive lectures	Lab data interpretation exercises	Bedside examination, Viva	Practice of Medicine
HomUG-PM II.78.7		Treatment options, addressing underlying causes, and monitoring	Define a management plan based on the causes and severity of hypo- and hypercalcemia.	C4/5	MK	Seminars, OPD/Clinical rotations	Treatment planning assignment	Bedside examination, Viva	Pharmacology, Homoeopathy Therapeutics
HomUG-PM II.78.8	Does	Patient education on dietary modifications, medication adherence	(a) Educate patients on lifestyle changes for managing hypo- and hypercalcemia. (b) Describe the importance of treatment adherence.	A2	DK	Patient education workshops, Counseling sessions	Role-playing, Patient counseling simulations	SAQ, Viva	Community Medicine
HomUG-PM II.78.9	KH	Complications of hypo- and hypercalcemia	Identify complications (renal stones, cardiac arrhythmias, neurological symptoms).	C3	DK	Clinical simulations, Case studies	Assignments	SAQ, LAQ, Bedside examination, Viva	Surgery, Practice of Medicine
HomUG-PM II.78.10		Coordination of care across specialties	Define a multidisciplinary approach to managing hypo- and hypercalcemia.	C2/3	DK	Guest lectures	Collaborative care plan development	SAQ, Viiva	Surgery, Practice of Medicine
HomUG-PM II.78.11		Current guidelines, research studies and clinical trials	Apply the latest evidence-based practices in managing hypo- and hypercalcemia.	C4/5	NK	Journal clubs, Online resaerch and presentatons	Evidence-based treatment plan presentation	SAQ, Viva	Research Methodology



Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.79. Disorders of Adrenal Gland - Cushing Syndrome										
HomUG-PM II.79.1	Knowledge and Scholarship	K	Definition, Etiology and Pathophysiological mechanisms	(a) Describe Cushing Syndrome (b) Describe Cushing Syndrome's pathophysiology. (c) List the causes of Cushing's Syndrome.	C1	MK	Lectures, Readings	MCQ, SAQ	MCQ, SAQ	Biochemistry, Practice of Medicine
HomUG-PM II.79.2		KH	Signs, symptoms, and diagnostic tests	(a) Identify clinical manifestations of Cushing Syndrome. (b) List the diagnostic tests of Cushing Syndrome.	C2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.79.3			Dexamethasone suppression test, cortisol levels, imaging	Analyze diagnostic tests	C2/P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Practice of Medicine, Biochemistry, Radiology
HomUG-PM II.79.4			Treatment options, addressing underlying causes	Define management plans	C3	MK	Seminars, Case-based learning	Assignments treatment planning	SAQ, LAQ, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.79.5		Does	Lifestyle modifications, medication adherence	Provide patient education	A2	DK	Role-playing, Patient counseling	Chart making	SAQ, LAQ, Viva	Community Medicine

HomUG-PM II.79.6	SH	Osteoporosis, hypertension, hyperglycaemia	(a) Identify the complications. (b) Define the management strategies.	C3	DK	Clinical simulations, Case discussions	Assignments on complication management	SAQ, LAQ, Bedside examination, Viva	Practice of Medicine, Pharmacology
HomUG-PM II.79.7	KH	Coordination across specialties	Define multidisciplinary approach to manage hypo- and hypercalcemia	C3/4	DK	Interprofessional education, Team-based learning	Assignments on Collaborative care planning	SAQ, LAQ	Internal Medicine, Pharmacology, Surgery
HomUG-PM II.79.8	Does	Current guidelines, research evidence	Utilize evidence-based approaches	C4/5	NK	Journal clubs, Research discussions	Evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.80. Disorders of Adrenal Gland - Addison’s disease										
HomUG-PM II.80.1	Knowledge and Scholarship	K	Definition, Causes, mechanisms, and clinical significance	(a) Describe Addison's Disease (b) Describe the pathophysiological mechanisms of Addison's Disease. (c) List the causes of Addison's Disease	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Pathology, Physiology, Practice of Medicine

HomUG-PM II.80.2	KH	Signs, symptoms, laboratory findings	(a) Identify clinical manifestations of Addison's Disease. (b) Interpret diagnostic tests of Addison's Disease	C2/P2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Pathology
HomUG-PM II.80.3		Serum cortisol, ACTH levels, imaging studies	Interpret diagnostic tests to confirm Addison's Disease diagnosis	C3/P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Radiology
HomUG-PM II.80.4		Hormone replacement therapy, addressing underlying causes, monitoring	Formulate a management plan tailored to the underlying cause and severity of Addison's Disease	C3/P2	MK	Seminars, Case-based learning	Assignments treatment planning	SAQ, LAQ, Viva	Pharmacology, Homoeopathic Therapeutics
HomUG-PM II.80.5		Medication regimen, recognition of emergency signs	Provide patient education on disease management and medication adherence	A2	DK	Role-playing, Patient counseling	Chart making	SAQ, LAQ, Viva	Practice of Medicine, Pharmacology
HomUG-PM II.80.6		Recognition, od acute adrenal crisis	Identify the symptoms of acute adrenal crises	C2/3	DK	Lectures, Case discussions	Assignments on complication management	SAQ, Bedside examination, Viva	Practice of Medicine
HomUG-PM II.80.7		Coordination across specialties	Define multidisciplinary approach to manage Addisons Disease	C3/4	DK	Guest lectures	Group Assignments	SAQ, LAQ	Practice of Medicine, Pharmacology
HomUG-PM II.80.8	Does	Current guidelines, research evidence	Utilize evidence-based approaches	C4/5	NK	Journal clubs, Research discussions	Evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable	T-L Methods	Assessment		Integration
								Formative	Summative	

						to know/ nice to know				
HomUG-PM II.81. Disorders of Adrenal Gland - Pheochromocytoma										
HomUG-PM II.81.1	Knowledge and Scholarship	K	Definition, Causes, mechanisms, and clinical significance	(a) Describe Pheochromocytoma (b) Describe the pathophysiological mechanisms of Pheochromocytoma. (c) List the causes of Pheochromocytoma	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Pathology, Medicine
HomUG-PM II.81.2		KH	Signs, symptoms, laboratory findings	Identify clinical manifestations of Pheochromocytoma	C2/3	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Biochemistry
HomUG-PM II.81.3			Plasma and urine metanephrines, imaging studies	Interpret diagnostic tests to confirm Pheochromocytoma diagnosis	C3/P2	MK	Lab tutorials, Interactive sessions, DOAP	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Practice of Medicine, Biochemistry, Radiology
HomUG-PM II.81.4			Surgical resection, preoperative alpha-blockade, monitoring	Define the management strategy in treating the underlying cause and severity of Pheochromocytoma	C3/4	MK	Seminars, Case-based learning	Assignments on treatment planning	SAQ, LAQ, Viva	Pharmacology, Surgery, Homoeopathic Therapeutics
HomUG-PM II.81.5			Medication adherence, recognition of complications	Provide patient education on disease management and postoperative care	A2	DK	Role-playing, Patient counseling	Chart making	SAQ, LAQ, Viva	Community Medicine, Practice of Medicine
HomUG-PM II.81.6			Hemodynamic instability, electrolyte imbalances	Identify the complications during and after surgery	C3	DK	Lectures, Case discussions	Assignments on complication management	SAQ, LAQ, Viva	Practice of Medicine, Biochemistry



HomUG-PM II.81.7		Does	Current guidelines, research evidence	Utilize evidence-based approaches	C4/5	NK	Journal clubs, Research discussions	Assignments on evidence-based treatment plan	SAQ, LAQ	Clinical Research
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.82. Dwarfism										
HomUG-PM II.82.1	Knowledge and Scholarship	K	Definition, Types of dwarfism, genetic causes	(a) Define Dwarfism (b) Identify the different types of dwarfism	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Physiology, Biochemistry, Pediatrics
HomUG-PM II.82.2		KH	History taking, physical examination	Perform a clinical assessment of a patient with suspected dwarfism	C2/3 P/2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Pediatrics
HomUG-PM II.82.3			Genetic testing, imaging studies, hormone assays	Interpret diagnostic tests in the evaluation of dwarfism	C/3 P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Pathology, Radiology
HomUG-PM II.82.4			Growth hormone therapy, orthopaedic interventions, psychological support	Define a comprehensive management plan (Addressing the medical, orthopaedic, and psychosocial needs)	C3/4	MK	Seminars, Case-based learning	Assignments treatment planning	SAQ, LAQ, Viva	Pharmacology, Orthopedics, Psychology



HomUG-PM II.82.5	Does	Effective communication, prognosis, treatment options	Counsel patients and families effectively regarding dwarfism	A2	DK	Role-playing, Patient counseling	SAQ	SAQ, LAQ, Viva	Forensic Medicine, Community Medicine
HomUG-PM II.82.6	Does	Current research, evidence-based practice	Utilize evidence-based approaches to improve patient care	C4/5	NK	Journal clubs, Research discussions	Assignments on evidence-based treatment plan	SAQ, LAQ	Clinical Research

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.83. Nelson Syndrome										
HomUG-PM II.83.1	Knowledge and Scholarship	K	Definition, Pathophysiology, cortisol regulation, role of ACTH	(a) Define Nelson Syndrome (b) Explain the underlying pathophysiological mechanisms of Nelson Syndrome	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Biochemistry, Pathology
HomUG-PM II.83.2		K	Clinical features, differential diagnosis	(a) List the signs and symptoms of Nelson Syndrome (b) Differentiate Nelson Syndrome from similar conditions	C2/4	MK	Lectures, Case studies, Clinical rounds DOAP	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine, Dermatology
HomUG-PM II.83.3		KH	Diagnostic criteria, imaging techniques, laboratory tests	Interpret lab and imaging results to diagnose Nelson Syndrome	C2/3 P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Radiology



HomUG-PM II.83.4		KH	Surgical and medical management	Describe the treatment plan	C3/4	MK	Seminars, Case-based learning	Assignments on treatment planning, Tutorials	SAQ, LAQ, Viva	Pharmacology, Surgery
HomUG-PM II.83.5		Does	Patient education, prognosis, compliance with treatment	Educate patients about their condition, treatment plan and the importance of follow-up	A2	DK	Role-playing, Patient counseling	SAQ	SAQ, LAQ, Viva	Fornsic Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	

HomUG-PM II.84. Acromegaly and Gigantism

HomUG-PM II.84.1	Knowledge and Scholarship	K	Definition, Pathophysiology, GH/IGF-1 axis	(a) Define gigantism and acromegaly (b) Describe the disturbances of hormone regulation in gigantism and acromegaly	C1	MK	Lectures, Readings	Quizzes, Concept maps	MCQ, SAQ	Physiology, Biochemistry, Surgery
HomUG-PM II.84.2			Signs and symptoms, complications	(a) Identify clinical manifestations (b) List the long-term complications	C2	MK	Lectures, Case studies, Clinical rounds	Diagnostic test interpretation exercises	OSCE, SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.84.3		KH	Diagnostic criteria, laboratory and imaging tests	Interpret diagnostic tests to confirm gigantism or acromegaly	C2/3 P2	MK	Lab tutorials, Interactive sessions	Assignments on Lab data interpretation	SAQ, Bedside examination, Viva	Biochemistry, Radiology



HomUG-PM II.84.4			Medical, surgical, and radiotherapeutic management	Define management plan incorporating all possible therapeutic options	C3	Mk	Seminars, Case-based learning	Assignments on treatment planning, Tutorials	SAQ, LAQ, Viva	Surgery, Pharmacology
HomUG-PM II.84.5		Does	Psychological impact, quality of life	Provide holistic care that includes psychological support and counselling	A2	DK	Workshops	Assignments	SAQ, Viva	Psychology
HomUG-PM II.84.6		KH	Evidence-based treatment, clinical guidelines	Utilize current evidences in defining the treatment.	C4/5	NK	Journal club, workshops	Group discussion, presentation on recent articles	Written assignment on treatment guidelines	Research Methods
HomUG-PM II.84.7		Does	Patient education strategies	Effectively communicate with patients and their families about disease management and follow-up	A2	DK	Communication skill workshops, Chart making	Patient education plan,	SSQ	Community Medicine

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.85. Diabetes Insipidus										
HomUG- PM II.85.1	Knowledge and Scholarship	K	Definition, Pathophysiology of DI	(a) Define Diabetes Insipidus (b) Explain the underlying mechanisms of central and nephrogenic DI	C1	MK	Lectures, diagrams, Readings	MCQ, SAQ	MCQ, SAQ	Physiology, Pathology

HomUG-PM II.85.2		Signs and symptoms	Identify the signs and symptoms indicative of DI	C2	MK	Lectures, patient history analysis	MCQ	OSCE, SAQ, LAQ	Practice of Medicine
HomUG-PM II.85.3	KH	Laboratory tests, water deprivation test, MRI	Interpret diagnostic tests to confirm DI	C3/4 P2	MK	Simulation labs, interactive online modules	Test result analysis exercises	Viva	Laboratory Medicine, Radiology
HomUG-PM II.85.4		Treatment options for central and nephrogenic DI	Define a management plan for patients with DI, including drug therapy and monitoring	C3/4	MK	Treatment planning workshops, Assignments	Treatment plan assignment	Bedside examination, Viva	Pharmacology, Endocrinology
HomUG-PM II.85.5	Does	Patient education, lifestyle adjustments	Provide effective counselling to patients and families for managing DI	A2	DK	Patient counseling role plays	Chart making	SAQ	Forensic Medicine
HomUG-PM II.85.6	KH	Relationship with other pituitary and hypothalamic disorders	Differentiate DI with other similar endocrine disorders	C3/4	NK	Integrated case studies, Assignments	Group discussion	SAQ, LAQ	Practice of Medicine
HomUG-PM II.85.7		Current research articles and guidelines	Utilize current evidence and guidelines to inform treatment decisions	C4/5	DK	Journal club, Workshops	Presentation on recent DI research	SAQ	Research Methods,

Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.86. Diabetes Mellitus										



HomUG-PM II.86.1	Knowledge and Scholarship	K	Definition, Prevalence, risk factors	(a) Define DM (b) Describe the global and regional prevalence and risk factors of diabetes	C1	MK	Lectures, reading assignments	MCQ, SAQ	MCQ, SAQ, LAQ	Epidemiology, PSM
HomUG-PM II.86.2		KH	Type 1, Type 2, Gestational	Describe the pathophysiology of diabetes types	C2	MK	Lectures, Interactive modules, videos	MCQ, SAQ	SAQ	Physiology, Pathology
HomUG-PM II.86.3			Symptoms, signs	Recognize the clinical manifestations of diabetes	C2/3 P2	MK	Lectures, OPD teaching, patient simulations	MCQ, SAQ	OSCE, SAQ, LAQ	Practice of Medicine
HomUG-PM II.86.4			Blood glucose levels, HbA1c	Interpret diagnostic tests accurately	P2	MK	Lab simulations, Group discussions	Test result analysis exercises	Practical exam, viva	Laboratory Medicine
HomUG-PM II.86.5			Pharmacological treatments, Lifestyle modifications	Define the treatment options for diabetes	C3	MK	Problem-based learning, OPD teachings	Treatment plan assignments	Bedside examination, Viva	Pharmacology, Nutrition, PSM
HomUG-PM II.86.6			Diet, exercise, monitoring	Educate the patient and families for a better disease management	A3	DK	Workshops, role-playing, assignments	Chart making	SAQ, LAQ, Viva	PSM
HomUG-PM II.86.7		Does	Follow-up protocols, adjustment criteria	Adapt management plans based on patient progress	C4/5	DK	OPD/Clinical rotations	SAQ	SAQ, LAQ, Viva	Practice of Medicine
HomUG-PM II.86.8		KH	Acute and chronic complications	(a) Identify potential complications of DM. (b) Define the management of complications of DM.	C4/5/6	MK	OPD/Clinical rotations, Seminars	Complication case study	SAQ, LAQ, Viva	Endocrinology, Surgery

HomUG-PM II.86.9			Insulin pumps, CGMs (Continuous Glucose Monitors)	Integrate technology for effective disease monitoring and management	C3	NK	Tech demos, e-learning modules			Biomedical Engineering
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Sl. No	Competency	Millers Level: Does/Shows how/Knows how/ Knows	Content	SLO	Blooms Domain/ Guilbert's Level	Priority - Must Know/ Desirable to know/ nice to know	T-L Methods	Assessment		Integration
								Formative	Summative	
HomUG-PM II.87. Homoeopathic Concepts and Therapeutics										
HomUG-PM II.87.1	Homoeopathic Orientation	KH	Understanding the miasmatic influences on endocrine disorders such as diabetes, thyroid disorders, and adrenal issues.	1. Identify miasms related to endocrine disorders. 2. Evaluate how miasms influence clinical presentations. 3. Analyze treatment approaches based on miasmatic evaluation.	C2	High	Case studies, group discussions, interactive lectures	Group presentations on miasmatic influences	Written case analysis incorporating miasmatic evaluation	Homoeopathic Philosophy Materia Medica Homoeopathic Pharmacy
HomUG-PM II.87.2			Application of homeopathic remedies based on reprotorisation, miasmatic evaluation and individual symptomatology of endocrine disorders.	1. Select remedies using repertory rubrics, repertory software, and repertory charts. 2. Select appropriate remedies based on miasmatic evaluation. 3. Design individualized treatment plans for patients based on symptomatology.	C2	High	Role plays, practical demonstrations, simulation	Practical assessments on remedy selection	Clinical exam involving case management	Homoeopathic Philosophy Materia Medica Homoeopathic Pharmacy

6. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures- black board, AV aids	Clinical demonstration- DOAP, DOPS, OSCE
Small group discussion	Problem based learning/discussion- Case based learning.
Integrated lectures	Simulation – with mannequins
	Projects, charts, assignments
	Participatory learning e.g. tutorials, quiz, seminar, role play etc.
	Library reference
	Self-learning

7. Details of assessment

Note- *The assessment in III BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during III BHMS will be added to the marks of IA in the IV BHMS University Examination.*

Overall Scheme of Internal Assessment (IA)**

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
III BHMS/ Practice of Medicine	20 Marks Viva- A	100 Marks Clinical/Practical and Viva - E i) Viva voce -40 marks ii) Clinical/practical*- 60marks : • Bedside- 25marks • Spotting – 15marks • Assignment 20marks	20 Marks Viva- B	100 Marks Clinical/Practical and Viva - F i) Viva voce -40 marks ii) Clinical/practical*- 60 • Bedside- 25marks • Spotting – 15marks • Assignment 20marks

***Clinical/Practical Examinations:**

Sl.no.	Practical/clinical activity	Marks
	Clinical	
A.	Detailed case-taking	
a.	One case taking – detailed bedside case taking with case analysis and evaluation (include prescription in term II)	10 marks
b.	Demonstration of clinical examination of the case (OSCE)- general and systemic	10 marks
c.	Investigations, provisional diagnosis and differential diagnosis	05 marks
	Practical	
B.	Spotters (minimum 3 and maximum 5 spotters)	15 marks
C.	Assignment	
a.	Case report- detailed case, analysis, evaluation, investigations, diagnosis, differential diagnosis, homoeopathic management/prescription	10 marks
b.	Short review on a common disease with its homoeopathic therapeutics	10 marks
	Total	60 marks

****Method of Calculation of Internal Assessment Marks in III BHMS for Final University Examination to be held in IV BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

8. Reference books:

a. Clinical Medicine

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- Mehta, P. J. (2017). *Understanding ECG electrocardiography* (6th ed.). CBS Publishers and Distributors Pvt Ltd.
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- Thomas, J., & Monaghan, T. (2014). *Oxford Handbook of Clinical Examination and Practical Skills*. Oxford University Press, USA.

b. Homoeopathic Books References for Therapeutics:

- Allen, H. C. (1998). *Therapeutics of intermittent fever*. B. Jain Publishers
- Bell, J. B. (2016). *The homeopathic therapeutics of diarrhea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels (Classic reprint)*. Forgotten Books.
- Borland, D. M. (2004b). *Pneumonias*. B. Jain Publishers.
- Clarke, J. H. (2003). *Prescriber*. B Jain Pub Pvt Limited.
- Dewey, W. A. (2003). *Practical Homoeopathic therapeutics*. B Jain Pub Pvt Limited.
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