SRI BALAJI VIDYAPEETH

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

Pillaiyarkuppam, Puducherry – 607 402

Mahatma Gandhi Medical College and Research Institute

Shri Sathya Sai Medical College and Research Institute

COMPETENCY BASED POSTGRADUATE MEDICAL CURRICULUM

M.D. GENERAL MEDICINE

(2020 Onwards)

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

Preface

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of the much awaited Competency Based Medical Education (CBME) for post graduate by the Medical Council of India (MCI) (superseded by the Board of Governors), adoption of CBME for implementing post-graduate programs is a welcome move.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

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Preface

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out of much awaited Competency-Based Medical Education (CBME) for undergraduate by the Medical Council of India (MCI)(superseded by the Board of Governors) , adoption of CBME for post-graduate by it is welcome move.

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

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

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Foreword

We recognise that the most important work in designing and implementing a medical school's curriculum is done by its leaders and teachers. But it is the students who ensure that any programme is adapted to your context, culture and ethos, and is tailored to your students' needs. This flexibility is a fundamental principle of a SBV's education. We do not believe that a common prescription is suitable for all countries and contexts.

The result of a successful education is so much more than qualifications. It is well-rounded, curious and independent young people, ready to go out and make a difference to the world. We hope our learner attributes can contribute to this by encouraging teachers to focus on the strategies and habits needed for life-long learning within and beyond the taught curriculum.

At the time of writing this foreword, in August 2020, the education world has undergone tremendous disruption as a result of the Covid-19 pandemic. From medical school closures, to the cancelling of examinations worldwide, no part of our profession has been untouched.

When the outbreak struck, the education community adapted swiftly. Medical schools around the world immediately began teaching and learning remotely, and we at SBV have developed a new system for awarding grades in the forthcoming years.. The consequences of the pandemic are likely to be felt for many years to come. However, the essential building blocks to providing a well-designed and supported curriculum will remain the same. Notwithstanding the disruption to education in 2020, the world of international education continues to evolve, and we are evolving our support to our department, reflecting our approach to education.

This brochure will guide the postgraduates undergoing training to understand the modern medicine and its application in the real world systematically with a strong evidence basis. It also guides the postgraduate on how to assimilate the latest scientific information including recent advances in medicine and translate them clinically honing the skills of evidence-based medicine amongst the residents whom we train.

Best wishes to the entire team

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Sri Balaji Vidyapeeth
Department of General Medicine
Post-Graduate Program

1. Preamble

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

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

2. Program Educational Objectives (PEO)

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

3. Program Outcome (PO)

After three years of residency program postgraduate should be able to

- PO 1. basic sciences and skills.
- PO 2. Diagnose and manage majority of conditions in his specialty clinically and with the help of relevant investigations.

- PO 3. high ethical standards.
- PO 4.Plan and deliver comprehensive treatment using the principles of rational drug therapy.
- PO 5. his specialty.
- PO 6. Support (ALS) in emergency situations& takes the role of team leader in delivering effective resuscitation
- PO 7. Demonstrate skills in documentation of case details including epidemiological Data.
- PO 8. Play the assigned role in the implementation of National Health Programs.
- PO 9. epidemiology; and preventive aspects of various disease states.
- PO 10. colleague or a junior or any learner.
- PO 11. Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources.
- PO 12. Be well versed with his medico-legal responsibilities.
- PO 13. clinical, with the aim of publishing thework and presenting the work at scientific forums.

4. Course and Course Objectives (CO)

4.1 Course 1 (C1): Applied Basic Medical Sciences

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

- **CO 1. 1**. Applied knowledge on anatomy including embryology, physiology & biochemical functions of various organs & correlation with disease pathogenesis
- **CO 1.2.** Applied knowledge about various microorganisms, their special characteristics important for their pathogenic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
- **CO 1.3.** Applied knowledge on pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases
- **CO 1.4.** Applied knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs. To create awareness on reporting adverse drug events & to initiate necessary treatment

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

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

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

4.3 Course 3 (C3): Tropical Medicine, Environmental Medicine and Nutritional Disorders

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

- **CO 3.1.** Able to diagnose infective diseases such as dengue, malaria, scrub typhus, air borne infections, and parasitic infections etc. their complications, community acquired syndromes & gives appropriate treatment as per guidelines. Plays a pivotal role in prevention of those diseases & have knowledge on adult vaccines.
- **CO 3.2.** Able to resuscitate & treat acute poisoning/ bites cases takes adequate measures for reporting such cases in medico legal aspects.
- **CO 3.3**. Able to manage patients of environmental disease or emergencies such as heat stroke, drowning, High altitude medicine etc. & play a pivotal role in disaster management
- **CO 3.4.** Able to diagnose & treat the nutritional disorders & management of nutrition in critically ill patients

4.4 Course 4 (C4): Geriatrics & Recent Advances in Medicine

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

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

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

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

Table1. Mapping of PEO, PO and CO

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

5. Competencies, Sub-competencies and Milestones:

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

- Patient Care (PC)
- Medical Knowledge (MK)
- Interpersonal Communication Skill (ICS)
- System Based Practice (SBP)
- Practice Based Learning and Implementation (PBLI)
- Professionalism (PROF)

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

Table2. Description of Competencies, Sub-competencies and Milestone

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

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

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

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

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

PC 3- Manages patients with progressive responsibility and independence.

Level 1	Level 2	Level 3	Level 4	Level 5
Cannot advance beyond the need for direct supervision in the delivery of patient care Cannot manage patients who require urgent or emergent care Does not assume responsibility for patient management decisions	Requires direct supervision to ensure patient safety and quality care Inconsistently manages simple ambulatory complaints or common chronic diseases Inconsistently provides preventive care in the ambulatory setting Inconsistently manages patients with straight forward diagnoses in the inpatient setting Unable to manage complex inpatients or patients requiring intensive care	Requires indirect supervision to ensure patient safety and quality care Provides appropriate preventive care and chronic disease management in the ambulatory setting Provides comprehensive care for single or multiple diagnoses in the inpatient setting Under supervision, provides appropriate care in the intensive care unit Initiates management plans for urgent or emergent care Cannot independently supervise care provided by junior members of the physician led team	Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes Seeks additional guidance and/or consultation as appropriate Appropriately manages situations requiring urgent or emergent care Effectively supervises the management decisions of the team	Manages unusual, rare, or complex disorders

PC 4- Skill in performing procedures

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

PC 5- Requests and provides consultative care

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

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

MK 1- Clinical knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
Lacks the scientific, socioeconomic or behavioral knowledge required to provide patient care	Possesses insufficient scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care	Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions

MK2- Knowledge of diagnostic testing and procedures

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

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

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

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

SBP 2-Recognizes system error and advocates for system improvement

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

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

Level 1	Level 2	Level 3	Level 4	Level 5
Ignores cost issues in the provision of care Demonstrates no effort to overcome barriers to cost effective care	Lacks awareness of external factors (e.g. socioeconomic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financers, purchasers) have on the cost of care Does not consider limited health care resources when ordering diagnostic or therapeutic interventions	Recognizes that external factors influence a patient's utilization of health care and may act as barriers to cost effective care Minimizes unnecessary diagnostic and therapeutic tests Possesses an incomplete understanding of cost awareness principles for a population of patients (e.g. screening tests)	Consistently works to address patient specific barriers to cost effective care Advocates for cost conscious utilization of resources (i.e. emergency department visits, hospital readmissions) Incorporates cost awareness principles into standard clinical judgments and decision making, including screening tests	Teaches patients and healthcare team members to recognize and address common barriers to cost effective care and appropriate utilization of resources Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost effective high quality care

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

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

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

PBLI 1- Monitors practice with a goal for improvement

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

PBLI 2- Learns and improves via performance audit

Level 1	Level 2	Level 3	Level 4	Level 5
Disregards own clinical performanc e data Demonstrates no inclination to participate in or even consider the results of quality improvement efforts	Limited awareness of or desire to analyze own clinical performance data Nominally participates in a quality improvement projects Not familiar with the principles, techniques or importance of quality improvement	Analyzes own clinical performance data and identifies opportunities for improvement Effectively participates in a quality improvement project Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients	Analyzes own clinical performance data and actively works to improve performance Actively engages in quality improvement initiatives Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients	Actively monitors clinical performance through various data sources Is able to lead a quality improvement project Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients

PBLI 3- Learns and improves via feedback

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

PBLI 4- Learns and improves at the point of care

Level 1	Level 2	Level 3	Level 4	Level 5
Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate Fails to seek or apply evidence when necessary	Rarely "slows down" to reconsider an approach to a problem, ask for help, or seek new information Can translate medical information needs into well-formed clinical questions with assistance Unfamiliar with strengths and weaknesses of the medical literature Has limited awareness of or ability to use information technology Accepts the findings of clinical research studies without critical appraisal	Inconsistently "slows down" to reconsider an approach to a problem, ask for help, or seek new information Can translate medical information needs into well-formed clinical questions independently Aware of the strengths and weaknesses of medical information resources but utilizes information technology without sophistication With assistance, appraises clinical research reports, based on accepted criteria	Routinely "slows down" to reconsider an approach to a problem, ask for help, or seek new information Routinely translates new medical information needs into well-formed clinical questions Utilizes information technology with sophistication Independently appraises clinical research reports based on accepted criteria	Searches medical information resources efficiently, guided by the characteristics of clinical questions Role models how to appraise clinical research reports based on accepted criteria Has a systematic approach to track and pursue emerging clinical questions

Professionalism (PROF)

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

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

Level 1	Level 2	Level 3	Level 4	Level 5
Lacks empathy and compassion for patients and caregivers Disrespectful in interactions with patients, caregivers and members of the inter professional team Sacrifices patient needs in favor of own self-interest Blatantly disregards respect for patient privacy and autonomy	Inconsistently demonstrates empathy, compassion and respect for patients and caregivers Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion Inconsistently considers patient privacy and autonomy	Consistently respectful in interactions with patients, caregivers and members of the inter professional team, even in challenging situations Is available and responsive to needs and concerns of patients, caregivers and members of the inter professional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions	Demonstrates empathy, compassion and respect to patients and caregivers in all situations Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers Demonstrates a responsiveness to patient needs that supersedes self-interest Positively acknowledges input of members of the inter professional team and incorporates that input into plan of care as appropriate	Role models compassion, empathy and respect for patients and caregivers Role models appropriate anticipation and advocacy for patient and caregiver needs Fosters collegiality that promotes a high-functioning inter professional team Teaches others regarding maintaining patient privacy and respecting patient autonomy

PROF 2- Accepts responsibility and follows through on tasks

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

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

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

PROF 4: Exhibits integrity and ethical behavior in professional conduct

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

Inter-personal and Communications Skills (ICS)-

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

ICS 1- Communicates effectively with patients and caregivers

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

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

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

ICS 3- Appropriate utilization and completion of health records

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

6. Syllabus

Basic Sciences

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

General Medicine including Pediatrics, Psychiatry &Dermatology

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

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

- Osteoarthritis
- Rheumatoid arthritis
- Spondyloarthropathies
- Systemic lupus erythematosus (SLE)
- Polymyalgia
- Rheumatic fibromyalgia and Amyloidosis

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

Tropical Medicine, Environmental & Nutritional diseases

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

Geriatrics & Recent Advances

- Aging and Geriatric Medicine:
  - Biology
  - Epidemiology
  - Neuro-psychiatric aspects of aging
- Research Methodology and Studies, epidemiology and basic Biostatistics.
- National Health Programmes.
- Genetics:
  - Overview of the paradigm of genetic contribution to health and disease
  - Principles of Human Genetics
  - Single gene and chromosomal disorders
  - Gene therapy
- Immunology:
  - Innate and adaptive immune systems
  - Mechanisms of immune mediated cell injury
  - Autoimmunity
  - Organ Transplantation

- Hematologic diseases
    - Hematopoiesis
    - Anaemias
    - Leucopenia and leucocytosis
    - Myelo-proliferative disorders
    - Disorders of haemostasis and haemopoietic stem cell transplantation
- Oncology:
    - Epidemiology
    - Biology and genetics of cancer
    - Paraneoplastic syndromes and endocrine manifestations of tumours
    - Leukemias and lymphomas
    - Cancers of various organ systems and cancer chemotherapy
    - Medical Statistics
    - Recent Guidelines & Trials
- Critical Care Medicine :
    - Respiratory Failure
    - ARDS
    - Shock
    - Cardiac arrest
    - Pulmonary edema
    - Sudden Cardiac Death
    - Coma
    - Hypoxic Ischemic Encephalopathy

7. Teaching and Learning Methods

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

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

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

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

- ✓ Intradepartmental and interdepartmental conferences related to case discussions.
- ✓ Ward rounds along with emergency admissions.
- ✓ Attendance at sub-specialty and symptom specific clinics
- ✓ External rotation postings in departments like cardiology, neurology and other subspecialties
- ✓ Skills training
- ✓ Conferences, Seminars, Continuing Medical Education (CME) Programmes.
- ✓ Journal Club
- ✓ Research Presentation and review of research work.
- ✓ A postgraduate student of a postgraduate degree course in broad specialties/ super- specialties would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.
- ✓ Participation in workshops, conferences and presentation of papers etc.
- ✓ Maintenance of records. **Log books** : E-portfolio:- It is an electronic portfolio to be maintained by the resident to record their activities under the section:
    - EPA
    - Daily log

- Patient care
- Procedure
- Dissertation
- Academic activities (Seminar, symposium, case presentation, journal club)
- Co-curricular activities (Conference, CME, Workshop),
- Teaching Assignments, Awards and achievements
- Outreach activities.

E-portfolio shall be checked and assessed periodically by the faculty members. This will enable to monitor progress of the resident, his level of attainment of milestone and impart the training accordingly

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

Illustration of Structured Training

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

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

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

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

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

Speciality postings:

Residents are being posted in speciality departments for 1 month in each speciality during their 2nd year. Following are the specialties in which they are posted in rotation basis. Resident will follow the same order of chronology of rotation throughout his speciality posting.

Specialties	Duration of postings
Cardiology	1 month
Neurology	1 month
Nephrology	1 month
Medical Gastroenterology	15 days
Pulmonology	15 days
Critical care Medicine	1 month

8. Assessment

8.1 Formative Assessment

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

List the of Entrustable Professional Activity

Table3. List the of Entrustable Professional Activity

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

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

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

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

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organized fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problems ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient care

MK-1	✓ **Lacks** the scientific, socio economic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socio economic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socio economic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavior all knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 1	✓ **Unwilling** to self-reflect upon one's practice or performance ✓ **Not concerned** with opportunities for learning and self-improvement ✓ **Unable** to self-reflect upon one's practice or performance ✓ **Misses opportunities** for learning and self-Improvement ✓ **Inconsistently** self-reflects upon one's practice or performance and inconsistently acts upon those reflections ✓ **Inconsistently** acts upon opportunities for learning and self-improvement	✓ **Regularly self-reflects** upon one's practice or performance and consistently acts upon those reflections to improve practice ✓ **Recognizes** suboptimal practice or performance as an opportunity for learning and self-improvement ✓ **Actively engages** in self-improvement efforts and reflects upon the experience

PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consi der the results of quality improvement efforts ✓ **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles, techniques or importance of quality improvement	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement&**actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information

	information needs into well-formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down " to reconsider an approach to a problem, ask for help, or seek new information	technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender, race, age and religion in the patient/ caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter **Modifies** care plan to account for a patient's unique characteristics and needs with success
ICS-3	✓ Health records are **absent or missing** significant portions of important clinical data ✓ Health records are **disorganized and inaccurate** ✓ Health records are organized and accurate but are **superficial and miss key** data or **fail** to communicate clinical reasoning	✓ Health records are **organized, accurate,** comprehensive, and **effectively** communicate clinical reasoning ✓ Health records are **succinct, relevant, and patient specific**

EPA 2: Prioritizing a differential diagnosis following a clinical encounter	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis
Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3** **MK 1.3** **PBLI 1.3, 2.3, 3.3, 4.3** **PROF 3.3**
Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC-1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problemspotentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from second ary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care

PBLI 1	✓ **Unwilling** to self-reflect upon one's practice or performance ✓ **Not concerned** with opportunities for learning and self- improvement **Unable** to self-reflect upon one's practice or performance ✓ **Misses opportunities** for learning and self-improvement ✓ **Inconsistently** self-reflects upon one's practice or performance and inconsistently acts upon those reflections ✓ **Inconsistently** acts upon opportunities for learning and self-improvement	✓ **Regularly selfreflects** upon one's practice or performance and consistently acts upon those reflections to improve practice ✓ **Recognizes** suboptimal practice or performance as an opportunity for learning and self-improvement ✓ **Actively engages** in self-improvement efforts and reflects upon the experience

PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts ✓ **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles, techniques or importance of quality improvement	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well – formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/with sophistication

	✓ Can translate medical information needs into well-formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender, race, age, and religion in the patient/ caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter ✓ **Modifies** care plan to account for a patient's unique characteristics and needs with success

EPA 3: Recommending and interpreting common diagnostic and screening tests	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles considering the patient's economic status as one approach a patient in any setting.
Most relevant domains of competence:	**PC, MK, SBP,PBLI, ICS**
Competencies within each domain critical to entrustment decisions:	**PC 1.3,4.3** **MK 2.3** **SBP 1.3** **PBLI 3.3** **ICS 1.3, 2.3**
Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	**Pre- entrustable**	**Entrustable**
PC -1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problems ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing

PC- 4	✓ **Does not attemp**ts to perform procedures without sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing & procedures for patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the conceptsof pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures.
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as sources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively**	✓ **Accepts to recognize** the contributions of other inter professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care

	✓ Participates in team discussions when required but **does not actively seek** input from other team members	
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationship with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision on making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with pati ents and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt effective** collaboration with team members	✓ **Consistently and actively engages** in collaborative communication with all members of the team

	✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, nonverbal, and written communication strategies that facilitate collaborative care	✓ Verbal, nonverbal and written communication consistently acts to **facilitate** collaboration with the team to enhance patient care

EPA 4: Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	
1. Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to prescribe therapies or Interventions beneficial to patients. Entering residents will have a comprehensive understanding of some but not necessarily the entire patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).
2. Most relevant domains of competence:	**PC, ICS, PROF**
3. Competencies within each domain critical to entrustment decisions:	**PC 2.3** **ICS 1.3** **PROF 1.3**
4.Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not** react to situations that require urgent or emergent care ✓ **Does not** seek additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ Consistently develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ Seeks additional guidance and/or consultation **as appropriate** ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the interprofessional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations

	antagonistic or counter therapeutic relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds

EPA 5: Documenting a clinical encounter in patient records	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, and email).
Most relevant domains of competence:	**PC, ICS**
Competencies within each domain critical to entrustment decisions:	**PC 1.3** **ICS 3.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC -1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
ICS-3	✓ Health records are **absent or missing** significant portions of important clinical data ✓ Health records are **disorganized and inaccurate** ✓ Health records are organized a nd accurate but are **superficial and miss key** data or **fail** to communicate clinical reasoning	✓ Health records are **organized, accurate** comprehensive, and **effectively** communicate clinical reasoning ✓ Health records are **succinct, relevant, and patient specific**

EPA 6: Provide an oral presentation of a clinical encounter	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.
Most relevant domains of competence:	**PC, MK, SBP, PROF, ICS**
Competencies within each domain critical to entrustment decisions:	**PC 5.3** **MK 1.3** **SBP 1.3** **PROF 1.3** **ICS 2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	**Pre- entrustable**	**Entrustable**
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient care

MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care. ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socio-economic and behavioral know-ledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as resources **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other interprofessional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork ✓ Verbal and/or nonverbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, nonverbal and written communication **consistently acts** to facilitate collaboration with the team to enhance patient care

	collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, nonverbal, and written communication strategies that facilitate collaborative care	
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the interprofessional team	✓ **Consistently** respectful in interactions with patients, care givers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the interprofessional team	✓ **Consistently** respectful in interactions with patients, care givers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the interprofessional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 7: Recognize a patient requiring urgent or emergency care and initiate evaluation and management	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.
Most relevant domains of competence:	**PC, MK, PBLI, PROF, ICD**
Competencies within each domain critical to entrustment decisions:	**PC 1.3,2.3,3.3,5.3** **MK 1.3** **PBLI 4.3** **PROF 3.3** **ICS 1.3**
Methods of Assessment	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	**Pre- entrustable**	**Entrustable**
PC -1	✓ **Does not collec**t**/Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively**on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostictesting

PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not** react to situations that require urgent or emergent care ✓ **Does not seek** additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ **Consistently** develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as **appropriate** ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care ✓ **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases ✓ **Inconsistently** provides preventive care in the ambulatory setting ✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	✓ **Requires indirect/direct** supervision to ensure patient safety and quality care ✓ **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient settings. ✓ **Under supervision,** provides appropriate care ✓ **Initiates management** plans for urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant Services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient car e

MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral ✓ **Possesses insufficient** scientific socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and

	information ✓ Can translate medical information needs into well-formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	weaknesses of medical information resources but **utilizes** information technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender race, age, and religion in the patient/ caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter ✓ **Modifies** care plan to account for a patient's unique characteristics and needs with success
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision- making ✓ Routinely engages in **antagonistic or counter- therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making a cross a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds

EPA 8: Give or receive a patient handover to transfer care responsibility	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transfers of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).
Most relevant domains of competence:	**SBP,ICS**
Competencies within each domain critical to entrustment decisions:	**SBP 1.3, 4.3** **ICS 2.3**
Methods of assessment	1. Written exam (Every 6 months) 2. Workplace assessment by Faculty 3. Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team member with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them	✓ **Accepts to recognize** the contributions of other inter professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care

	ineffectively ✓ Participates in team discussions when required but **does not actively seek** input from other team members	
SBP 4	✓ **Disregards** need for communication at time of transfer ✓ **Does not respond** to requests of caregivers in other delivery systems ✓ **Inconsistently** utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems Written and verbal care plans during times of transfer are **incomplete or absent** ✓ **Inefficient transfers** of care lead to unnecessary expense or risk to a patient	✓ **Recognizes** the importance of communication during times of transfer ✓ Communication with future caregivers is present but with lapses in pertinent or timely information ✓ **Appropriately** utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems ✓ **Proactively** communicates with past and future care givers to ensure continuity of care
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts** to facilitate collaboration with the team to enhance patient care

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

Competency	**Pre- entrustable**	**Entrustable**
PC- 4	✓ **Does not attemp**ts to perform procedures **without** sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures with sufficient technical skill or supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pretest probability and test performance	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability

	characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
SBP 3	✓ **Ignores** cost issues in the provision of care ✓ Demonstrates **no effort** to overcome barriers to cost-effective care ✓ **Lacks** awareness of external factors (e.g. socioeconomic, cultural, literacy insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers suppliers, financers, purchasers) have on the cost of care ✓ **Does not** consider limited health care resources when ordering diagnostic or therapeutic interventions	✓ **Recognizes** that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care ✓ **Minimizes** unnecessary diagnostic and therapeutic tests ✓ **Possesses** a complete understanding of cost awareness principles for a population of patients (e.g. screening tests)
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the interprofessional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different

	care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds

EPA 10: Collaborate as a member of an inter professional team	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.
Most relevant domains of competence:	**SBP, PROF, ICS**
Competencies within each domain critical to entrustment decisions:	**SBP 1.3** **PROF 2.3** **ICS 2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other inter-professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care
PROF 2	✓ Is consistently **unreliable** in completing patient care responsibilities or assigned administrative tasks ✓ Shuns responsibilities expected of a physician professional ✓ Completes most assigned tasks in a timely manner but **may need multiple reminders or other support**	✓ **Completes** administrative and patient care tasks in a timely manner in accordance with local practice and/or policy ✓ **Completes** assigned professional responsibilities without questioning or the need for reminder ✓ **Prioritizes** multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, nonverbal and written communication **consistently acts** to facilitate collaboration with the team to enhance patient care

	the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	

EPA 11: Form clinical questions and retrieve evidence to advance patient care	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	Residents should be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.
Most relevant domains of competence:	**PC, MK, ICS, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3** **MK 1.3** **ICS 1.3** **PROF 1.3**
Methods of assessment	Written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC -1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems, potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds

	✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the interprofessional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 12: Applied aspects of cardiovascular system	

Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to:
	• Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of cardiovascular diseases like;
	  o Congenital heart diseases and
	  o Acquired heart diseases
	• To correlate complex clinical manifestations and clinical findings with their patho- physiological and or structural abnormalities
	• Identify clear indication of drugs used in heart diseases, their Adverse effects and Serious Adverse events
	• Understands and initiate the process of ADR reporting.
	• Present his observation colleagues, including senior clinicians

Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3** **MK 1.3** **PBLI 2.3,3.3** **PROF 1.3**

Methods of assessment	1. Periodic written exam (Every 6 months)
	2. Workplace assessment by Faculty
	3. Multisource feedback
	  a. Patient
	  b. Nurses
	  c. Health care workers
	  d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collect/Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific,socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles,	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement& **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of

	techniques or importance of quality improvement	patients
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter- professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 13: Applied aspects of Respiratory system	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Respiratory diseases like; o Airway disease o Parenchymal diseases o Pleural diseases o Disorders of thoracic cage and respiratory centers. • To correlate complex clinical manifestations and clinical findings with their patho-physiological and or structural abnormalities of respiratory system • Identify clear indication of drugs used in respiratory diseases, their Adverse effects and Serious Adverse events • Understands and initiate the process of ADR reporting. • Present his observation colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3** **MK 1.3** **PBLI 2.3,3.3** **PROF 1.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collec**t**/ Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles, techniques or importance of quality improvement	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients

PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter- professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 14: Applied aspects of Central Nervous system	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Central, Peripheral and Autonomic Nervous system diseases like; o Congenital and developmental disorders of CNS o Metabolic disorders affecting CNS, PNS and ANS o Vascular, demyelinating and degenerative disorders • To correlate complex clinical manifestations and clinical findings with their patho- physiological and or structural abnormalities of CNS, PNS and ANS • Identify clear indication of drugs used in disorders of nervous system, their Adverse effects and Serious Adverse events • Understands and initiate the process of ADR reporting. • Present his observation colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3, MK 1.3, PBLI 2.3,3.3,PROF 1.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific,socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts ✓ **Limited awareness** of or desire to analyze own clinical performance data	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement&**actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients

	✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles, techniques or importance of quality improvement	
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 15: Applied aspects of Gastrointestinal and hepatobiliary system	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of gastrointestinal and hepatobiliary disorders like ; o Disorders of gastric motility o Acid peptic disorder o Mal-absorption syndrome o Diverticulosis o Congenital disorders associated with bilirubin metabolism o Interpretation of Liver function test • To correlate complex clinical manifestations and clinical findings with their patho- physiological and or structural abnormalities • Identify clear indication of drugs used, their Adverse effects and Serious Adverse events • Understands and initiate the process of ADR reporting. • Present his observation colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collect/ Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtains** data from secondary sources when needed ✓ **Consistently performs** accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles,	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of

	techniques or importance of quality improvement	patients
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter- professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 16: Applied aspects of Endocrine and Reproductive System	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of disorders of endocrine system like ; o Feedback regulation of hormone synthesis and inherited disorders of hormone synthesis, secretion and its action. o Disorders of glucose regulation, Diabetes and related complications. o Disorders of male and female reproductive system. • To correlate complex clinical manifestations and clinical findings with their patho- physiological and or structural abnormalities • Identify clear indication of drugs used, their Adverse effects and Serious Adverse events • Understands and initiate the process of ADR reporting. • Present his observation colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collect/Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles,	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of

	techniques or importance of quality improvement	patients
	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter- professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 17: Applied aspects of Nephrology	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand the basic knowledge pertaining to anatomy, patho-physiology, biochemical and pharmacological basis of Renal disorders like ; o Congenital renal disorders. o Glomerular /tubule- interstitial/vascular disorders of kidney o Interpret Renal function tests in various types of kidney diseases. o Renal stone formation and underlying pathophysiology. • To correlate complex clinical manifestations and clinical findings with their patho- physiological and or structural abnormalities • Identify clear indication of drugs used, their Adverse effects and Serious Adverse events • Understands and initiate the process of ADR reporting. • Present his observation colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF**
Competencies within each domain critical to entrustment decisions:	**PC 1.3, MK 1.3, PBLI 2.3,3.3, PROF 1.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collect/ Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problem potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtains** data from secondary sources when needed ✓ **Consistently performs** accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles,	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of

	techniques or importance of quality improvement	patients
PBLI 3	✓ **Never** solicits /**Rarely** seeks feedback ✓ Actively **resists** feedback from others ✓ **Temporarily or superficially** adjusts performance based on feedback ✓ **Inconsistently** incorporates feedback ✓ Solicits feedback **only from** supervisors	✓ **Responds** to unsolicited feedback in a defensive fashion ✓ **Is open** to unsolicited Feedback ✓ Solicits feedback from **all members** of the inter-professional team and patient ✓ **Welcomes** unsolicited feedback ✓ **Consistently** incorporates feedback
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter- professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

EPA 18: Interview an adolescent, clinically examine, formulate differential diagnosis, management plan and effectively communicate with their parents / guardian.	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand diseases in children which are of relevance to General Medicine like; • Inborn disorders of Metabolism, Acute Rheumatic Fever, Reno-vascular diseases, allergic airway diseases, disorders of Immune system, Juvenile arthritis, Neuro infections and Congenital disorders • Do a systematic examination of an adolescent, create a plan of evaluation, arrive at differential diagnosis, order relevant investigations and offer specific treatment plan. • Gain confidence of adolescent during the entire process of history taking, clinical examination and treatment. • Communicate effectively with parents in explaining the nature of adolescent's illness and offer them the available modalities of treatment. Also offer Genetic counselling in inherited disorders. • Identify clear indication of drugs and their weight adjustment in pediatric patients, their Adverse effects and Serious Adverse events • Understands and initiate the process of ADR reporting. • Present his observation colleagues, including senior clinicians • Maintain confidentiality of patient details with special reference to the genetic disorders.
Most relevant domains of competence:	• **PC, MK, SBP, PBLI, PROF,ICS**
Competencies within each domain critical to entrustment decisions:	• **PC 1.3,2.3,3.3,5.3** • **MK 1.3,2.3** • **SBP 1.3** • **PBLI 4.3** • **PROF 1.3,3.3** • **ICS 1.3,2.3**
Methods of assessment	Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multisource feedback **a.** Patient **b.** Nurses **c.** Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC-1	✓ **Does not collect/Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not react** to situations that require urgent or emergent care ✓ **Does not** seek additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ **Consistently** develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as appropriate ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases ✓ **Inconsistently** provides preventive care in the ambulatory setting	✓ **Requires indirect/direct** supervision to ensure patient safety and quality care **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient setting ✓ **Under supervision,** provides appropriate care ✓ **Initiates management** plans for

	✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant Services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient care
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics

	✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Fully understands** the rationale and risks associated with common procedures
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other inter-professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-for med clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help , or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria

	technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and me mbers of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients,caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and auton omy in all interactions
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter ✓ **Modifies** care plan to account for a patient's unique characteristics and needs with success
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-makin g ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different

	care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making a cross a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behavi ours **disrupt effective** collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively engages** in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to **facilitate** collaboration with the team to enhance patient care

EPA 19: Interview a patient with psychiatric disorder, clinically examine, formulate differential diagnosis, management plan and effectively communicate with the patient / guardian.	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understand the normal and altered mental status with special reference to psychiatric manifestations due to organic illnesses. • Identify the manifestations of substance abuse and eating disorders. • Understanding of various scoring systems used in psychiatric disorders and its implications in treatment and follow-up.

	• Does a systematic examination of a psychiatric patient, create a plan of evaluation, and arrive at differential diagnosis, order relevant investigations and offer specific pharmacological and non-pharmacological treatment plan. • Identify relevant investigations in psychiatric patients with special reference to Neuroimaging and Electro encephalogram. • Gain confidence of patient during the entire process of history taking, clinical examination and treatment. • Communicate effectively with patient / parents/ legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. • Identifies clear indications of antipsychotic drugs, antidepressants, antianxiety drugs, anticonvulsants etc. • Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses while treating an associated medical condition to order a safe prescription. • Present his observation to colleagues, including senior clinicians • Maintain confidentiality of patient details.
Most relevant domains of competence: **Competencies within each domain critical to entrustment decisions:**	• **PC, MK, SBP, PBLI, PROF,ICS** • **PC 1.3,2.3,3.3,5.3** • **MK 1.3,2.3** • **SBP 1.3** • **PBLI 4.3** • **PROF 1.3,3.3** • **ICS 1.3,2.3**
Methods of assessment	Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC-1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not react** to situations that require urgent or emergent care ✓ **Does not** seek additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ **Consistently** develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as appropriate ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care ✓ **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases	✓ **Requires indirect/direct** supervision to ensure patient safety and quality care ✓ **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient setting ✓ **Under supervision,** provides appropriate care

	✓ **Inconsistently** provides preventive care in the ambulatory setting ✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	✓ **Initiates management** plans for urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant Services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient care
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance

	and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team me mbers but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other inter-professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-for med clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted

	literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	criteria
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter ✓ **Modifies** care plan to account for a patient's unique characteristics and needs with success

ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making a cross a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt effective** collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively engages** in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to **facilitate** collaboration with the team to enhance patient care

EPA 20: Interview a patient with dermatologic disorder, clinically examine and formulate differential diagnosis, management plan.	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Understands & looks for dermatologic manifestations of systemic diseases. • Identify the manifestations of allergic, bullous disorders, papulosquamous disorders(psoriasis), pigmentary disorders, STDs & skin malignancies • Does a systematic examination of a patient, create a plan of evaluation, and arrive at differential diagnosis, order relevant investigations and offer specific pharmacological and non-pharmacological treatment plan. • Gain confidence of patient during the entire process of history taking, clinical examination and treatment. • Communicate effectively with patient / parents/ legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. • Identifies clear indications of topical & systemic drugs • Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses while treating an associated medical condition to order a safe prescription. • Present his observation to colleagues, including senior clinicians • Maintain confidentiality of patient details.
Most relevant domains of competence:	• **PC, MK, SBP, PBLI, PROF,ICS**
Competencies within each domain critical to entrustment decisions:	• **PC 1.3,2.3,3.3,5.3** • **MK 1.3,2.3** • **SBP 1.3** • **PBLI 4.3** • **PROF 1.3,3.3** • **ICS 1,2**
Methods of assessment	Periodic written exam (Every 6 months) Mini-cex Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC-1	✓ **Does not collect/ Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtains** data from secondary sources when needed ✓ **Consistently performs** accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not react** to situations that require urgent or emergent care ✓ **Does not** seek additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ **Consistently** develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as appropriate ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care ✓ **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases ✓ **Inconsistently** provides preventive care in the ambulatory setting	✓ **Requires indirect/direct** supervision to ensure patient safety and quality care ✓ **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient setting ✓ **Under supervision,** provides appropriate care ✓ **Initiates management** plans for

	✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant Services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient care
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics

	✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Fully understands** the rationale and risks associated with common procedures
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team me mbers but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other inter-professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-for med clinical questions **with assistance**	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria
	✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or	✓ **Independently** appraises clinical research reports based on accepted criteria

	ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the interprofessional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender, race, age, and religion in the patient/caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter ✓ **Modifies** care plan to account for a patient's unique characteristics and needs with success

ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making a cross a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt effective** collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively engages** in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to **facilitate** collaboration with the team to enhance patient care

EPA 21 : Approach a patient with infectious disease, create a diagnostic and therapeutic algorithm and formulate preventive strategy	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Identify the common clinical manifestations of acute and chronic infections caused by bacteria's, viruses, fungi and parasites. • Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start empirical treatment. • Interprets the laboratory investigations and formulates a specific treatment plan. • Gain confidence of patient during the entire process of history taking, clinical examination and treatment. • Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. • Use antibiotics, antivirals, antifungals and anti-parasitic drugs judiciously. • Understand the importance of drug resistance among microorganisms and make necessary drug alteration based on sensitivity report. • Offers consent for testing HIV and also while dealing with STD's. Offers appropriate counselling before and after testing. Maintain confidentiality of patient details. • Understand specific forms of drug interactions, adverse drug reactions and adjusts the drug doses. • Update the knowledge on adult vaccination and implement in general practice • Identify the key areas of research in infectious diseases • Present his observation to colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF, ICS**
Competencies within each domain critical to entrustment decisions:	**PC 1.3,2.3,3.3** **MK 1.3,2.3** **PBLI 1.3,2.3,4.3** **PROF 1.3** **ICS 1.3,2.3,3.3**

Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	**Pre entrustable**	**Entrustable**
PC-1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not react** to situations that require urgent or emergent care ✓ **Does not seek** additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ Consistently develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as appropriate ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences

PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care ✓ **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases ✓ **Inconsistently** provides preventive care in the ambulatory setting ✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	✓ **Requires indirect/direct** supervision to ensure patient safety and quality care ✓ **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient setting ✓ **Under supervision,** provides appropriate care ✓ **Initiates management** plans for urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics
	✓ **Minimally understands** the rationale and risks associated	✓ **Fully understands** the rationale and risks associated with

	with common procedures	common procedures
PBLI 1	✓ **Unwilling** to self-reflect upon one's practice or performance ✓ **Not concerned** with opportunities for learning and self-improvement ✓ **Unable** to self-reflect upon one's practice or performance ✓ **Misses opportunities** for learning and self-Improvement ✓ **Inconsistently** self-reflects upon one's practice or performance and inconsistently acts upon those reflections ✓ **Inconsistently** acts upon opportunities for learning and self-improvement	✓ **Regularly self-reflects** upon one's practice or performance and consistently acts upon those reflections to improve practice ✓ **Recognizes** sub-optimal practice or performance as an opportunity for learning and self-improvement ✓ **Actively engages** in self-improvement efforts and reflects upon the experience
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts ✓ **Limited awareness** of or desire to analyze own clinical performance data **Nominally participates** in quality improvement projects ✓ **Not familiar** with the principles, techniques or importance of quality improvement	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improve ment and appreciates the responsibility to assess and improve care for a panel of patients
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology

	formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different

	care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeu tic relationships with patients and caregivers but is **often un successful** ✓ **Defers** difficult or ambiguous conversations to others	socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt effective collaboration** with team members ✓ Uses unidirectional communication **that fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively engages** in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently a**cts to facilitate collaboration with the team to enhance patient care
ICS-3	✓ Health records are **absent or missing** significant portions of important clinical data ✓ Health records are **disorganized and inaccurate** ✓ Health records are organized and accurate but are **superficial and miss key** data or **fail** to communicate clinical reasoning	✓ Health records are **organized, accurate,** comprehensive, and **effectively** communicate clinical reasoning ✓ Health records are **succinct, relevant, and patient specific**

EPA 22: Approach a patient with poisoning / envenomation, and environmental disorders, create a diagnostic and therapeutic algorithm and formulate preventive strategy	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Identify the common clinical manifestations of poisoning, systemic and local envenomation and environmental disorders. • Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start specific treatment. • **POISONING:** • Identify the clinical signs specific for various poisoning. The common poisoning encountered in day to day practice include Organophosphorous poisoning, plant poisoning, kerosene poisoning, corrosive poisoning, Methanol poisoning, drug overdoses with benzodiazepines /barbiturates/ paracetamol. • To do first aid, decide on stomach wash-indications and contraindications, policy of registering MLC, policy of collecting samples for toxicological analysis and analyze the reports. • Interprets the laboratory investigations and formulates a specific treatment plan. • Admit monitors &treats the acute poisoning cases in intensive care units. • Gain confidence of patient during the entire process of history taking, clinical examination and treatment. • Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. • Use specific antidotes-identify the specific side effects and monitor the treatment effectively. • Maintain confidentiality of the patient. Do effective counselling with the patient and their bystanders / caregivers. • Identify the key role of psychiatric assessment and periodic counselling to prevent such events in future. • Present his observation to colleagues, including senior clinicians

	• **ENVENOMATION:** • Identify the common clinical presentation of snake bite, scorpion sting, wasp sting etc. • Identify the signs of poisonous and non- poisonous bites and determine appropriate plan of action • Decide on specific and timely investigations to confirm systemic envenomation and treat accordingly • Decide on anti-venom, its indications and side effects; monitor the effect of anti- venom for therapeutic and adverse effects. • Effectively counsel the patient and patient attenders. • Present his observation to colleagues, including senior clinicians • **ENVIRONMENTAL MEDICINE:** • Able to identify common clinical manifestations of high altitude sickness, diseases of climate changes, drowning, pollution, electrical injuries and lightning, and radiation injuries. • Do focussed history, clinical examination and draft effective treatment. • Gain confidence of patient during the entire process of history taking, clinical examination and treatment. • Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. • Aware of rehabilitative measures to combat long term complications. • Present his observation to colleagues, including senior clinicians
Most relevant domains of competence:	**PC, MK, PBLI, PROF, ICS**
Competencies within each domain critical to entrustment decisions:	**PC 1.3,2.3,3.3** **MK 1.3,2.3** **PBLI 1.3,2.3,4.3** **PROF 1.3** **ICS 1.3,2.3,3.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback **a.** Patient **b.** Nurses **c.** Health care workers d. Peers

Competency	Pre entrustable	Entrustable
PC-1	✓ **Does not collec**t**/ Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not react** to situations that require urgent or emergent care ✓ **Does not seek** additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ Consistently develops **appropriate** care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as appropriate ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care ✓ **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases ✓ **Inconsistently** provides preventive care in the ambulatory setting ✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	✓ **Requires indirect/ direct** supervision to ensure patient safety and quality care ✓ **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient setting ✓ **Under supervision,** provides appropriate care ✓ **Initiates management** plans for urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care

MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
PBLI 1	✓ **Unwilling** to self-reflect upon one's practice or performance ✓ **Not concerned** with opportunities for learning and self-improvement ✓ **Unable** to self-reflect upon one's practice or performance ✓ **Misses opportunities** for learning and self-Improvement ✓ **Inconsistently** self-reflects upon one's practice or performance and inconsistently acts upon those reflections ✓ **Inconsistently** acts upon opportunities for learning and self-improvement	✓ **Regularly self-reflects** upon one's practice or performance and consistently acts upon those reflections to improve practice ✓ **Recognizes** sub-optimal practice or performance as an opportunity for learning and self-improvement ✓ **Actively engages** in self-improvement efforts and reflects upon the experience
PBLI 2	✓ **Disregards** own clinical performance data ✓ **Demonstrates no inclination** to participate in or even consider the results of quality improvement efforts ✓ **Limited awareness** of or desire to analyze own clinical performance data ✓ **Nominally participates** in	✓ **Analyzes** own clinical performance data and i**dentifies opportunities** for improvement & **actively work** to improve performance ✓ **Effectively participates** in a quality improvement project ✓ **Understands** common principles and techniques of quality improvement and appreciates the

	quality improvement projects ✓ **Not familiar** with the principles, techniques or importance of quality improvement	responsibility to assess and improve care for a panel of patients
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature ✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical research reports based on accepted criteria
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions

ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often un successful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt effective collaboration** with team members ✓ Uses unidirectional communication **that fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively engages** in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently a**cts to facilitate collaboration with the team to enhance patient care
ICS-3	✓ Health records are **absent or missing** significant portions of important clinical data ✓ Health records are **disorganized and inaccurate** ✓ Health records are organized and accurate but are **superficial and miss key** data or **fail** to communicate clinical reasoning	✓ Health records are **organized, accurate,** comprehensive, and **effectively** communicate clinical reasoning ✓ Health records are **succinct, relevant, and patient specific**

EPA 23: Approach an elderly patient, create a diagnostic and therapeutic algorithm and formulate preventive strategy	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • To provide a comprehensive and interdisciplinary health care and rehabilitation of the older adult. • To gain experience in the daily management and continuing care of elderly patients, paying particular attention to their functional status and cognitive ability. • Demonstrate medical knowledge, comprehension of pathophysiology, development of differential diagnosis, formulation of management plans, and dissemination of plan of care by presentation in various clinical settings and at clinical conferences • Differentiate and identify the Geriatric physiology, pathological changes with the process of ageing, pharmaco-dynamic and pharmaco-kinetic properties of drugs in older patients. • Do a focussed clinical examination and arrive at a possible differential diagnosis, offer specific laboratory investigation and start empirical treatment. • Gain confidence of patient during the entire process of history taking, clinical examination and treatment. • Communicate effectively with patient / legal guardian in explaining the nature of underlying illness and offer them the available modalities of treatment. • To identify and implement various legislative and government policies in dealing with care of older patients. • To identify common and uncommon presentations of infectious diseases and non-communicable diseases. • To identify the underlying malignancies, initiate the process of evaluation and formulate a treatment plan. • Be aware of the principles of Palliative care and End of life care for elderly patients. • To identify arthritic disorders, endocrine, psychiatric, and sexual disorders specific for elderly • To identify disorders of special senses like hearing and visual disorders and suggest appropriate treatment and or rehabilitation.

	• To identify the principles of rehabilitation in elderly. • To impart health education and counselling on nutrition. • Interpret the investigation with special care and formulate treatment plan accordingly. • Update the knowledge on geriatric vaccination and implement in general practice Present his observation to colleagues, including senior clinicians
Most relevant domains of competence:	• **PC, MK, PBLI, SBP, PROF, ICS**
Competencies within each domain critical to entrustment decisions:	• **PC 1.3,2.3,3.3,5.3** • **MK 1.3,2.3** • **SBP 1.3** • **PBLI 4.3** • **PROF1.3,3.3** • **ICS 1.3,2.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC-1	✓ **Does not collec**t/ **Inconsistently able to** collect accurate historical data in organised fashion ✓ **Does not use** /Does not perform an appropriately thorough physical examination to confirm history or misses key physical exam findings ✓ **Relies exclusively** on documentation of others to generate own database or differential diagnosis ✓ **Fails to recognize/ Inconsistently recognizes** patient's central clinical problems potentially life threatening problems and develops limited differential diagnoses	✓ **Consistently acquires** accurate and relevant histories from patients ✓ **Seeks and obtain**s data from secondary sources when needed ✓ **Consistently perform**s accurate and appropriately thorough physical exams ✓ **Uses** collected data to define a patient's central clinical problem(s) ✓ **Effectively uses** history and physical examination skills to minimize the need for further diagnostic testing
PC 2	✓ Care plans are consistently **inappropriate or inaccurate** ✓ **Does not react** to situations that require urgent or emergent care ✓ **Does not seek** additional guidance when needed ✓ **Inconsistently** develops an appropriate care plan ✓ **Inconsistently** seeks additional guidance when needed	✓ **Consistently** develops appropriate care plan ✓ **Recognizes** situations requiring urgent or emergent care ✓ **Seeks** additional guidance and/or consultation as appropriate ✓ **Appropriately** modifies care plans based on patient's clinical course, additional data, and patient preferences
PC 3	✓ **Cannot** advance beyond the need for direct supervision in the delivery of patient care **Cannot** manage patients who require urgent or emergent care ✓ **Does not assume** responsibility for patient management decisions ✓ **Inconsistently** manages simple ambulatory complaints or common chronic diseases ✓ **Inconsistently** provides preventive care in the ambulatory setting	✓ **Requires indirect/direct** supervision to ensure patient safety and quality care ✓ **Provides** appropriate preventive care and chronic disease management in the ambulatory setting ✓ **Provides** comprehensive care for single or multiple diagnoses in the inpatient settings ✓ **Under supervision,** provides appropriate care

	✓ **Inconsistently** manages patients with straightforward diagnoses ✓ **Unable** to manage complex inpatients or patients requiring intensive care	✓ **Initiates management** plans for urgent or emergent care ✓ **Seeks additional guidance** and/or consultation as appropriate ✓ **Appropriately** manages situations requiring urgent or emergent care
PC-5	✓ **Is unresponsive** to questions or concerns of others when acting as a consultant or utilizing consultant services ✓ **Unwilling to utilize** consultant services when appropriate for patient care ✓ **Inconsistently** manages patients as a consultant to other physicians/health care teams ✓ **Inconsistently** applies risk assessment principles to patients while acting as a consultant ✓ **Inconsistently** formulates clinical question for a consultant to address	✓ **Provides** consultation services for patients with clinical problems requiring basic risk assessment ✓ **Asks** meaningful clinical questions that guide the input of consultant ✓ **Provides** consultation services for patients with basic and complex clinical problems requiring detailed risk assessment ✓ **Appropriately** weighs recommendations from consultants in order to effectively manage patient care
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of

	and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other inter-professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care
PBLI 4	✓ **Fails** to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate ✓ **Fails** to seek or apply evidence when necessary ✓ **Rarely "slows down"** to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **with assistance** ✓ **Unfamiliar** with strengths and weaknesses of the medical literature	✓ **Routinely** "slows down" to reconsider an approach to a problem, ask for help, or seek new information ✓ Can translate medical information needs into well-formed clinical questions **independently** ✓ **Aware** of the strengths and weaknesses of medical information resources but **utilizes** information technology without/ with sophistication ✓ **With assistance**, appraises clinical research reports, based on accepted criteria ✓ **Independently** appraises clinical

	✓ **Has limited** awareness of or ability to use information technology ✓ Accepts the findings of clinical research studies **without** critical appraisal ✓ **Inconsistently** "slows down" to reconsider an approach to a problem, ask for help, or seek new information	research reports based on accepted criteria
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations **Is available and responsive** to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
PROF 3	✓ Is **insensitive** to differences related to culture, ethnicity, gender, race, age, and religion in the patient/ caregiver encounter ✓ Is **unwilling or requires assistance** modify care plan to account for a patient's unique characteristics and needs	✓ Is **sensitive** to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter ✓ **Modifies** care plan to account for a patient's unique characteristics and needs with success
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision making ✓ Routinely engages in **antagonistic or counter-**	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations

	therapeutic relationships with patient s and caregivers Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies that **hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt effective** collaboration with team members ✓ Uses unidirectional communication that **fails** to utilize the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently** engages in collaborative communication with appropriate members of the team ✓ **Inconsistently** employs verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively engages** in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication consistently acts to **facilitate** collaboration with the team to enhance patient care

EPA 24: Research and Research Methodology	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: • Undergo mandatory MCI course on Basics on Research Methodology • Understand the principles of Ethics in Biomedical research and apply the same while conducting Post graduate dissertation. • Understand the existing facilities and interdisciplinary health care system within the institute and draft a high quality research proposal. • Discuss with their peers and senior faculty members on the research proposal and consider the suggestions given them. • Carry out dissertation by respecting the rights, safety and confidentiality of the study participants. • Reports interesting / rare cases in various clinical platforms and publish in reputed journals. • Update on recent advances happening in the field of the General medicine. Frequently reviews journals and make presentations within the department and scientific forums. • Present his observation to colleagues, including senior clinicians
Most relevant domains of competence:	• **MK, SBP, PROF, ICS**
Competencies within each domain critical to entrustment decisions:	• **MK 1.3,2.3** • **SBP1.3,3.3** • **PROF 1.3** • **ICS 1.3,2.3,3.3**
Methods of assessment	Periodic written exam (Every 6 months) Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre Entrustable	Entrustable
MK-1	✓ **Lacks** the scientific, socioeconomic or behavioral knowledge required to provide patient care ✓ **Possesses insufficient** scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care	✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for common medical conditions and basic preventive care ✓ **Possesses** the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
SBP-1	✓ **Refuses to recognize** the contributions of other inter-professional team members ✓ **Frustrates** team members with inefficiency and errors ✓ Identifies roles of other team members but **does not recognize** how/when to utilize them as resources ✓ **Frequently requires reminders** from team to complete physician responsibilities (e.g. talk to family, enter orders) ✓ Understands the roles and responsibilities of all team members but uses them **ineffectively** ✓ Participates in team discussions when required but **does not actively seek** input from other team members	✓ **Accepts to recognize** the contributions of other inter-professional team members ✓ **Understands** the roles and responsibilities and effectively partners with, all members of the team ✓ **Actively engages** in team meetings and collaborative decision-making ✓ **Efficiently coordinates** activities of other team members to optimize care

SBP 3	✓ **Ignores** cost issues in the provision of care ✓ Demonstrates **no effort** to overcome barriers to cost-effective care ✓ **Lacks** awareness of external factors (e.g. socio-economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financers, purchasers) have on the cost of care ✓ **Does not** consider limited health care resources when ordering diagnostic or therapeutic interventions	✓ **Recognizes** that external factors influence a patient's utilization of health care and may act as barriers to cost-effective care ✓ **Minimizes unnecessary** diagnostic and therapeutic tests ✓ **Possesses** a complete understanding of cost-awareness principles for a population of patients (e.g. screening tests) ✓ **Consistently** works to address patient specific barriers to cost-effective care
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter- professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards** respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	✓ **Consistently** respectful in interactions with patients, caregivers and members of the inter-professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the inter-professional team to ensure safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations

	✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care
ICS-3	✓ Health records are **absent or missing** significant portions of important clinical data ✓ Health records are **disorganized and inaccurate** ✓ Health records are organized and accurate but are **superficial and miss key** data or **fail** to communicate clinical reasoning	✓ Health records are **organized, accurate,** comprehensive, and **effectively** communicate clinical reasoning ✓ Health records are **succinct, relevant, and patient specific**

EPA 25 : Interpretation of ECG	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- place the ECG leads & take a ECG without any standardization errors ✓ Have knowledge on normal ECG wave forms, axis ✓ Interpretation of ECG changes in acute settings such as STEMI, Arrhythmia etc, & initiates treatment protocol ✓ Interpretation of ECG & its changes in Chamber enlargements Ischemic heart diseases Congenital heart diseases Hereditary heart diseases Arrhythmias- Tachy/Brady Bundle branch block
Most relevant domains of competence:	**PC, MK,**
Competencies within each domain critical to entrustment decisions:	**PC 4.3** **MK 2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback **a.** Patient **b.** Nurses **c.** Health care workers d. Peers

Competency	**Pre- Entrustable**	**Entrustable**
PC- 4	✓ **Does not attemp**ts to perform procedures without sufficient technical skill or Supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has success fully performed all procedures required for certification

MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures

EPA 26: Perform Lumbar Puncture	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- how to perform the procedure ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments ✓ Post procedure able to interpret the results for achieving diagnosis
Most relevant domains of competence:	✓ **PC, MK,ICS**
Competencies within each domain critical to entrustment decisions:	✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- Entrustable	Entrustable
PC- 4	✓ **Does not attempts** to perform procedure s without sufficient technical s kill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds

	✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients an d caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and care givers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care

EPA 27: Perform Bone marrow aspiration/biopsy	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- how to perform the procedure ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments ✓ Post procedure able to interpret the results for achieving diagnosis
Most relevant domains of competence:	✓ **PC, MK,ICS**
Competencies within each domain critical to entrustment decisions:	✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	**Pre- Entrustable**	**Entrustable**
PC- 4	✓ **Does not Attempts** to perform procedure s without sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures

		Possesses technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and care givers but is **often unsuccessful** **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and care givers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal	✓ **Consistently and actively** engages in collaborative communication with all members of the team

	behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care

EPA 28: Perform Ascitic/Pleural Paracentesis	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- how to perform the procedure ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments ✓ Post procedure able to interpret the results for achieving diagnosis
Most relevant domains of competence:	✓ **PC, MK,ICS**
Competencies within each domain critical to entrustment decisions:	✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- Entrustable	Entrustable
PC- 4	✓ **Does not attempts** to perform procedures without sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre- test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socio economic and cultural backgrounds
	✓ Engages patients in discussions of care plans and respects patient preferences	✓ **Identifies** and incorporates patient preference in shared decision making across a wide

	when offered by the patient, **but does not actively** solicit preferences Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and care givers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care

EPA 29 : Secure Oral/ Nasopharyngeal/ laryngeal/ Advanced airway	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- how to perform the procedure ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments
Most relevant domains of competence:	✓ **PC, MK,ICS**
Competencies within each domain critical to entrustment decisions:	✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC- 4	✓ **Does not attempts** to perform procedures without sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and care givers but is **often**	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a

	unsuccessful ✓ **Defers** difficult or ambiguous conversations to others	therapeutic relationship with patients and care givers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care

EPA 30: Secure central Intravenous access(IJV)/Dialysis catheter	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- how to perform the procedure ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments
Most relevant domains of competence:	✓ **PC, MK,ICS**
Competencies within each domain critical to entrustment decisions:	✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- Entrustable	Entrustable
PC- 4	✓ **Does not attempts** to perform procedures without sufficient technical s kill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification

MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately ✓ **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and care givers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and care givers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care

	✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	

EPA 31: Secure Nasopharyngeal Tube/Ryle's Tube	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ Have knowledge on technique- how to perform the procedure ✓ Have knowledge on indications & contraindications of the procedure ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent prior to procedure ✓ Set up the equipment, maintaining a sterile field ✓ Perform procedures ✓ Provide after care for patients, and communicate after-care protocols and instructions to patients and medical and nursing staff ✓ Perform this activity in multiple settings, including inpatient and ambulatory care settings and in emergency departments
Most relevant domains of competence: **Competencies within each domain critical to entrustment decisions:**	✓ **PC, MK,ICS** ✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3**
Methods of assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC- 4	✓ **Does not attempts** to perform procedures without sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately **Does not understand** the concepts of pre- test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately **Needs assistance to understand or understands** the concepts of pre- test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-making ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient, **but does not actively** solicit preferences ✓ Attempts to develop therapeutic relationships with patients and care givers but is **often**	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic

	unsuccessful ✓ **Defers** difficult or ambiguous conversations to others	relationship with patients and care givers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members Uses unidirectional communication that **fails to utilize** the wisdom of the team ✓ **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care

EPA 32: Perform Cardiopulmonary Resuscitation by BLS & ACLS protocol	
Description of the activity: This included a brief rationale and a list of the functions required for the EPA.	This activity requires the ability to: ✓ In emergency assessment of patient & start CPR as per BLS protocol ✓ Communicate effectively with the patient, patient's relatives & obtain informed consent ✓ Have knowledge on drugs used on resuscitation, their uses, indications, contraindications, ADR. ✓ Handle defibrillator & Use it when indicated ✓ Able to assess the cause for cardiac arrest & treats it accordingly. Gives post resuscitative care as per ACLS protocol ✓ Take the role of team leader in resuscitation & able to avoid errors happening & sets a safe environment for better outcome from resuscitation
Most relevant domains of competence:	✓ **PC, MK,ICS, SBP, PROF**
Competencies within each domain critical to entrustment decisions:	✓ **PC 4.3** ✓ **MK 2.3** ✓ **ICS 1.3,2.3** ✓ **SBP 2.3** ✓ **PROF 1.3**
Methods of Assessment	Workplace assessment by Faculty Multisource feedback a. Patient b. Nurses c. Health care workers d. Peers

Competency	Pre- entrustable	Entrustable
PC- 4	✓ **Does not attempts** to perform procedures without sufficient technical skill or supervision ✓ **Unwilling to perform** procedures when qualified and necessary for patient care ✓ **Possesses insufficient** technical skill for safe completion of common procedures	✓ **Attempts** to perform procedures without sufficient technical skill or Supervision ✓ **Willing to perform** procedures when qualified and necessary for patient care ✓ **Possesses** basic technical skill for the completion of some common procedures ✓ **Possesses** technical skill and has successfully performed all procedures required for certification
MK 2	✓ **Lacks** foundational knowledge to apply diagnostic testing and procedures to patient care ✓ **Inconsistently** interprets basic diagnostic tests accurately **Does not understand** the concepts of pre-test probability and test performance characteristics ✓ **Minimally understands** the rationale and risks associated with common procedures	✓ **Has** knowledge to apply diagnostic testing and procedures to patient care ✓ **Consistently interprets** basic diagnostic tests accurately ✓ **Needs assistance to understand or understands** the concepts of pre-test probability and test performance characteristics ✓ **Fully understands** the rationale and risks associated with common procedures
ICS-1	✓ **Ignores** patient preferences for plan of care ✓ **Makes no attempt** to engage patient in shared decision-ma king ✓ Routinely engages in **antagonistic or counter-therapeutic** relationships with patients and caregivers ✓ Engages patients in discussions of care plans and respects patient preferences when offered by the patient,	✓ **Engages** patients in shared decision making in uncomplicated conversations ✓ **Requires assistance** facilitating discussions in difficult or ambiguous conversations ✓ **Requires guidance or assistance** to engage in communication with persons of different socioeconomic and cultural backgrounds ✓ **Identifies** and

	but does not actively solicit preferences ✓ Attempts to develop therapeutic relationships with patients and caregivers but is **often unsuccessful** ✓ **Defers** difficult or ambiguous conversations to others	incorporates patient preference in shared decision making across a wide variety of patient care conversations ✓ **Quickly establishes** a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
ICS-2	✓ Utilizes communication strategies **that hamper** collaboration and teamwork ✓ Verbal and/or non-verbal behaviours **disrupt** effective collaboration with team members ✓ Uses unidirectional communication that **fails to utilize** the wisdom of the team **Resists** offers of collaborative input ✓ **Inconsistently engages** in collaborative communication with appropriate members of the team ✓ **Inconsistently employs** verbal, non-verbal, and written communication strategies that facilitate collaborative care	✓ **Consistently and actively** engages in collaborative communication with all members of the team ✓ Verbal, non-verbal and written communication **consistently acts to** facilitate collaboration with the team to enhance patient care
PROF 1	✓ **Lacks empathy** and compassion for patients and caregivers ✓ **Disrespectful** in interactions with patients, caregivers and members of the inter-professional team ✓ **Sacrifices patient needs** in favour of own self-interest ✓ Blatantly **disregards**	✓ **Consistently** respectful in interact ions with patients, care givers and members of the inter professional team, even in challenging situations ✓ **Is available and responsive** to needs and concerns of patients, caregivers and members of the inter-professional team to ensure

	respect for patient privacy and autonomy ✓ **Inconsistently** demonstrates empathy, compassion and respect for patients and caregivers ✓ **Inconsistently** demonstrates responsiveness to patients and caregivers needs in an appropriate fashion ✓ **Inconsistently** considers patient privacy and autonomy	safe and effective care ✓ **Emphasizes** patient privacy and autonomy in all interactions
SBP 2	✓ **Ignores** a risk for error within the system that may impact the care of a patient **Ignores** feedback and is unwilling to change behavior in order to reduce the risk for error ✓ **Does not recognize** the potential for system error ✓ Makes decisions that **could lead to error** which are otherwise corrected by the system or supervision ✓ **Resistant to feedback** about decisions that may lead to error or otherwise cause harm	✓ **Recognizes** the potential for error within the system **Identifies** obvious or critical causes of error and notifies supervisor accordingly ✓ **Recognizes** the potential risk for error in the immediate system and takes necessary steps to mitigate that risk ✓ **Willing** to receive feedback about decisions that may lead to error or otherwise cause harm

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

Sl No	EPAs	PO	Competencies
1	Gathering a history and performing physical examination	1	PC 1.3,5.3 MK 1.3 PBLI1.3,2.3,3.3,4.3 PROF 3.3, ICS 3.3
2	Prioritizing a differential diagnosis following a clinical encounter	1,2	PC 1.3 MK 1.3 PBLI 1.3,2.3,3.3,4.3 PROF3.3
3	Recommending and interpreting common screening and diagnostic tests and data	1,3,4,5	PC 1.3,4.3 MK 2.3, SBP 1.3, PBLI 3.3, ICS1.3,2.3
4	Entering and discussing orders and prescriptions and giving the necessary instructions to the patients	10,	PC 2.3 , ICS 1.3 PROF1.3
5	Documenting a clinical encounter in patient records	7	PC 1.3, ICS 3.3
6	Provide an oral presentation of a clinical encounter	5, 10	PC 5.3, MK 1.3, SBP1.3 PROF1.3, ICS2.3
7	Recognize a patient requiring urgent or emergency care and initiate evaluation and management	5, 6	PC1.3,2.3,3.3,5.3 MK1.3, PBLI4.3, PROF 3.3, ICS 1.3
8	Give or receive a patient handover to transfer care responsibility	1,3	SBP 1.3,4.3 ICS 2.3
9	Obtain informed consent for tests and/or procedures	1	PC 4.3, MK2.3, SBP3.3, PBLI3.3, ICS 1.3
10	Collaborate as a member of an inter-professional team	10,	SBP 1.3, PROF 2.3, ICS 2.3
11	Form clinical questions and retrieve evidence to advance patient care	10,	PC 1.3, MK 1.3, ICS1.3, PROF 1.3
12	Applied aspects of cardiovascular system	4,5,10,11	PC 1.3, MK 1.3 PBLI2.3,3.3, PROF 1.3
13	Applied aspects of Respiratory system	4,5,10,11	PC 1.3, MK 1.3 PBLI 2.3,3.3, PROF 1.3
14	Applied aspects of Central Nervous system	4,5,10,11	PC 1.3, MK 1.3 PBLI 2.3,3.3, PROF 1.3
15	Applied aspects of Gastrointestinal and hepatobiliary system	4, 5,10,11	PC 1.3, MK 1.3 PBLI 2.3,3.3, PROF 1.3
16	Applied aspects of Endocrine and Reproductive System	4, 5,10,11	PC 1.3, MK 1.3 PBLI 2.3,3.3, PROF 1.3

Sl No	EPAs	PO	Competencies
17	Applied aspects of Nephrology	4, 5,10,11	PC 1.3, MK 1.3 PBLI2.3,3.3, PROF 1.3
18	Interview a child, clinically examine, formulate differential diagnosis, management plan and effectively communicate with their parents / guardian	4, 5,10,11	PC 1.3,2.3,3.3,5.3, MK 1.3,2.3, SBP 1.3, PBLI4.3, PROF1.3,3.3, ICS 1.3,2.3
19	Interview a patient with psychiatric disorder, clinically examine, formulate differential diagnosis, management plan and effectively communicate with the patient / guardian	4, 5,10,11	PC 1.3,2.3,3.3,5.3, MK 1.3,2.3, SBP 1.3, PBLI4.3, PROF1.3,3.3, ICS 1.3,2.3
20	Interview a patient with dermatologic disorder, clinically examine, formulate differential diagnosis and create management plan	4, 5,10,11	PC 1.3,2.3,3.3,5.3, MK 1.3,2.3, SBP 1.3, PBLI4.3, PROF1.3,3.3, ICS 1.3,2.3
21	Approach a patient with infectious disease, create a diagnostic and therapeutic algorithm and formulate preventive strategy	4,5,10,11	PC 1.3,2.3,3.3, MK 1.3,2.3 PBLI1.3,2.3,4.3 PROF1.3, ICS1.3,2.3,3.3
22	Approach a patient with poisoning / envenomation, and environmental disorders, create a diagnostic and therapeutic algorithm and formulate preventive strategy	4, 5,10, 11, 12	PC 1.3,2.3,3.3, MK 1.3,2.3 PBLI1.3,2.3,4.3 PROF 1.3, ICS 1.3,2.3,3.3
23	Approach an elderly patient, create a diagnostic and therapeutic algorithm and formulate preventive strategy	4, 5,10,11	PC1.3,2.3,3.3,5.3, MK 1.3,2.3 SBP 1.3, PBLI 4.3 PROF1.3,3.3, ICS 1.3,2.3
24	Research and Research Methodology	9, 11,13	MK 1.3,2.3, SBP1.3,3.3 PROF 1.3, ICS 1.3,2.3,3.3
25	Interpretation of ECG	11	PC 4.3, MK2.3
26	Perform Lumbar Puncture	10	PC 4.3, MK 2.3, ICS 1.3,2.3
27	Perform Bone marrow aspiration/biopsy	10	PC 4.3, MK 2.3, ICS1.3,2.3
28	Perform Ascitic/Pleural Paracentesis	10	PC 4.3, MK 2.3, ICS1.3,2.3

Sl No	EPAs	PO	Competencies
29	Secure Oral/Nasopharyngeal/laryngeal/ Advanced airway	10	PC 4.3, MK 2.3, ICS1.3,2.3
30	Secure central Intravenous access(IJV)/Dialysis catheter	10	PC 4.3, MK 2.3, ICS1.3,2.3
31	Secure Nasopharyngeal Tube/ Ryle's Tube	10	PC 4.3, MK 2.3, ICS 1.3,2.3
32	Perform Cardiopulmonary Resuscitation by BLS & ACLS protocol	6, 10	PC 4.3, MK 2.3, ICS1.3,2.3 SBP 2.3, PROF 1.3

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

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

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

8.2 Summative Assessment

Eligibility for appearing in the final university exam

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

Postgraduate Examination shall be in three parts:

1. Dissertation:

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

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

2. Theory:

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

There will be four theory papers, as below:

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

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

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

The final clinical examination should include:

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

Clinical total marks (200 marks)

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

Viva-voce: (100)

- ECG- 25 marks
- X-rays/CT imaging- 25 marks
- General Medicine - 25 marks
- Recent Advances -25 marks

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

9. Recommended Reading

Text Books (latest edition)

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

Reference Books

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

Clinical Methods

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

Journals Indian Journals

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

- Indian Journal of Critical Care Medicine Circulation

International Journals

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

10. Blue Print

Applied Basic Sciences

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

General Medicine including Pediatrics, Dermatology &Psychiatry

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

Tropical Medicine, Environmental Medicine and Nutritional disorders

Subject	Distribution of questions	Marks allotted	Percentage (%)
Viral diseases	2	20	20
Bacterial diseases	2	20	20
Parasitic & Protozoal diseases	1	10	10
Fungal diseases	1	10	10
Toxicology	1	10	10
Environment al diseases	2	20	20
Nutritional diseases	1	10	10
Total	**10**	**100**	**100**

Geriatrics & Recent Advances

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

11. Model Question Paper

SRI BALAJI VIDYAPEETH

MD – GENERAL MEDICINE

MODEL QUESTION PAPER

Paper – I

Applied Basic Sciences

(10x10=100 marks)

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

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MD – GENERAL MEDICINE

MODEL QUESTION PAPER

Paper – II

General Medicine including Pediatrics, Dermatology & Psychiatry

(10x10=100 marks)

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

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MD – GENERAL MEDICINE

MODEL QUESTION PAPER

Paper III

Tropical Medicine, Environmental medicine & Nutrition

(10 x 10= 100 marks)

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

SRI BALAJI VIDYAPEETH

MD – GENERAL MEDICINE

MODEL QUESTION PAPER

Paper – IV

Geriatrics & Recent Advances

(10 x 10 = 100)

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

12. Annexures

Annexure 1: Postgraduate Students Appraisal Form

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Postgraduate Students Appraisal Form

Name of the PG Student: _____ UIN No: _____

Period of Training FROM_____TO_____

Sr. No.	Particulars	Not Satisfactory	Satisfactory	More Than Satisfactory	Remarks
		1 2 3	4 5 6	7 8 9	
1.	Journal based / recent advances learning				
2.	Patient based /Laboratory or Skill based learning				
3.	Self directed learning and teaching				
4.	Departmental and interdepartmental learning activity				
5.	External and Outreach Activities / CMEs				
6.	Thesis / Research work				
7.	E-portfolio Maintenance				

Publications Yes/ No

Remarks* _____

_____

_____

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

SIGNATURE OF ASSESSEE SIGNATURE OF CONSULTANT SIGNATURE OF HOD

Annexure 2: Feedback forms

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Clinical Work

(To be completed by respective Unit Head)

Name of the Resident: …… UIN No.: ……

Name of the Faculty: …… Date: ……

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

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Clinical Work

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

Name of the Resident: …… UIN No.: ……

Name of the Respondent: …… Date: ……

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

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Clinical Work

(To be completed by Patient/Relative)

Name of the Resident: …… UIN No.: ……

Name of the Respondent: …… Date: ……

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

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Clinical Work

(To be completed by Peer)

Name of the Resident: …… UIN No.: ……

Name of the Respondent: …… Date: ……

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

Annexure 4: Feedback for Journal Club

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Clinical Work

(To be marked individually by each faculty)

Name of the Resident: …… UIN No.: ……

Name of the Faculty: …… Date: ……

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

Annexure 5: Feedback for Seminar

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Clinical Work

(To be marked individually by each faculty)

Name of the Resident: …… UIN No.: ……

Name of the Faculty: …… Date: ……

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

Annexure 6: Feedback for Case Presentation

Sri Balaji Vidyapeeth

Pillaiyarkuppam, Puducherry-607 402

Department of General Medicine

Evaluation Sheet for Postgraduate Case Presentation

(To be marked individually by each faculty)

Name of the Resident: …… UIN No.: ……

Name of the Faculty: …… Date: ……

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