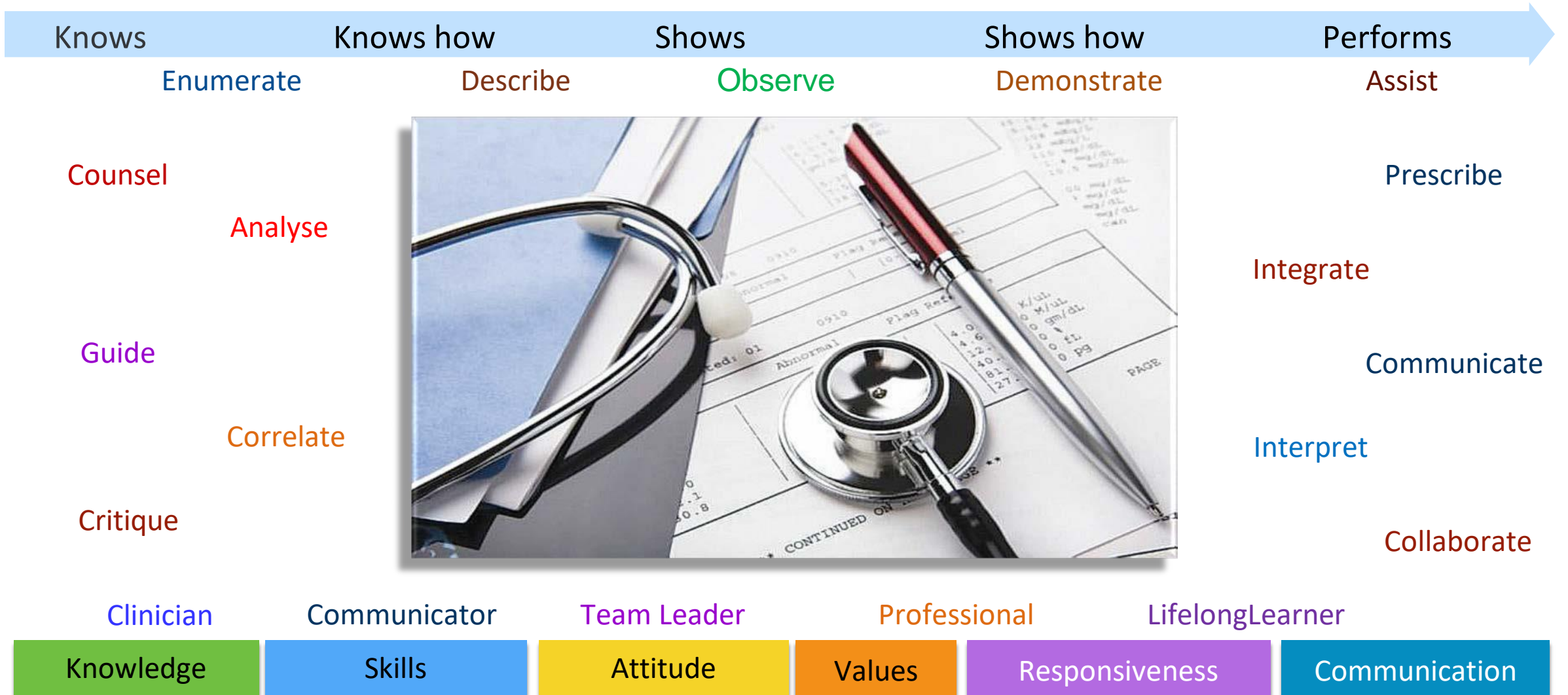




MEDICAL COUNCIL OF INDIA

COMPETENCY BASED UNDERGRADUATE CURRICULUM FOR THE INDIAN MEDICAL GRADUATE



**COMPETENCY BASED UNDERGRADUATE CURRICULUM
FOR THE
INDIAN MEDICAL GRADUATE**

2018



**Medical Council of India
Pocket-14, Sector- 8, Dwarka
New Delhi 110 077**

PEDIATRICS (CODE: PE)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PEDIATRICS									
Topic: Normal Growth and Development		Number of competencies : (07)			Number of procedures that require certification: (02)				
PE1.1	Define the terminologies Growth and development and discuss the factors affecting normal growth and development <ul style="list-style-type: none"> Define growth Define development Distinguish growth & development enumerate factor affecting growth & development Know the various phases of growth and how they are regulated Discuss how these factors affect growth and development 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE1.2	Discuss and describe the patterns of growth in infants, children and adolescents <ul style="list-style-type: none"> Discuss the laws and principles of growth and development Know about the pattern of growth somatic, brain, gonadal in terms of in fluency, children and adolescents 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.3	Discuss and describe the methods of assessment of growth including use of WHO and Indian national standards. Enumerate the parameters used for assessment of physical growth in infants, children and adolescents <ul style="list-style-type: none"> Know about various growth charts names WHO multicentre study growth references Purpose of growth monitoring How frequently growth assessed Pralines used to assess growth – individual & ratio in different age groups How to perform various anthropometric measurement How to plot growth charts 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.4	Perform Anthropometric measurements, document in growth charts and interpret <ul style="list-style-type: none"> Perform anthropometric measurement to plot measurement 	S	P	Y	Small group discussion	Document in Log book	3		PSM

	in growth chart <ul style="list-style-type: none"> • Interpret growth chart • Demonstration of produced final height 								
PE1.5	Define development and discuss the normal developmental milestones with respect to motor, behaviour, social, adaptive and language <ul style="list-style-type: none"> • Define development • Discuss various domains of development • Discuss how various domains affect each other • Describe normal developmental milestones in each domain & their expected age range 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE1.6	Discuss the methods of assessment of development <ul style="list-style-type: none"> • Discuss importance of developmental assessment • Describe theories of development • Discuss laws of development • Describe factors affecting development intensive & exchange • Discuss concept of development surveillance, screening, evaluation • Discuss when do developmental screening in a child\ • List different tools used for development screening & education • Discuss what is developmental quotient • Describe how to calculate clinical DQ • Discuss what are patients in which developmental assessment is needed • Describe the various tools of developmental assessment (confirmatory) used globally, used in India (Standard for India) 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE1.7	Perform Developmental assessment and interpret	S	P	N	Bedside clinics, Skills Lab	Document in Log book	3		
Topic: Common problems related to Growth Number of competencies:(06) Number of procedures that require certification: (NIL)									
PE2.1	Discuss the etio-pathogenesis, clinical features and management of a child who fails to thrive <ul style="list-style-type: none"> • Define failure to thrive with reference to diagnostic criteria • Discuss how to correct for gestation while assessing growth and development and tell when which up occurs • Discuss etiopathogenesis of FTT • Describe clinical features of FTT 	K	KH	Y	Lecture, Small group discussion	MCQs/ Viva voce			

PE2.2	<p>Assessment of a child with failing to thrive including eliciting an appropriate history and examination</p> <ul style="list-style-type: none"> • Discuss approach to diagnosis of FTT including history, examinations and late investigations • Discuss management of a child with FTT • Discuss goals of mng • Discuss factors affecting mng. eg. Severity of FTT, environment, parents educational status, socioeconomic status • List indications of hospitalization in FTT • Discuss the various aspects in treatment of patients with FTT • Discuss follow up & monitoring a patient with GBS • Discuss the outcome & prognosis of patients with GBS 	S	SH	Y	Bedside clinics	Skills Station			
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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE2.3	Counseling a parent with failing to thrive child <ul style="list-style-type: none"> • Counseling a parent with failure to thrive • Counseling regarding etiology • Counseling regarding rehabilitation – dietary, psychological and environmental stimulation 	A/C	SH	Y	OSPE	Document in Log book		AETCOM	
PE2.4	Discuss the etio-pathogenesis, clinical features and management of a child with short stature <ul style="list-style-type: none"> • Define short stature • Describe how to calculate target height patient and extra palatte it is the present height • Describe concept of bone age chronological • List names of different charts used to calculate bone age • Discuss etio-pathogenesis of short stature • Discuss the differential diagnosis of short stature 	K	KH	Y	Lecture, Small group discussion	MCQs/ Viva voce			
PE2.5	Assessment of a child with short stature: Elicit history, perform examination, document and present <ul style="list-style-type: none"> • Discuss approach to diagnosis of short stature including history, examination and late investigation – general specific • Discuss management of child with short stature, indications for r-human GH TT 	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			
PE2.6	Enumerate the referral criteria for growth related problems <ul style="list-style-type: none"> • List the referral criteria of growth related problems 	K	K	Y	Small group discussion	Written/ Viva voce			
Topic: Common problems related to Development -1 (Developmental delay , Cerebral palsy) Number of competencies:(08) Number of procedures that require certification :(NIL)									
PE3.1	Define, enumerate and discuss the causes of developmental delay and disability including intellectual disability in children <ul style="list-style-type: none"> • Define developmental delay • Define significant developmental delay • Define global developmental delay • Enumerate categorically the causes of global developmental delay • List the important treatable causes of GDD • Discuss some of the ways by which we can prevent GDD 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			

PE3.2	<p>Discuss the approach to a child with developmental delay</p> <ul style="list-style-type: none"> List & Discuss the points in history in a child with developmental delay Discuss the points in neurological examinations in a child with developmental delay Enumerate red flag signs of developmental delay Differentiate between a progressive from a non progressive cause of developmental delay To discuss the approach of a patient with developmental delay with help of a flow diagram To discuss the importance & role of vision and hearing assessment in a child with developmental delay To discuss the lab investigation & their relevance in a patient of GBS List the clinical clues suggestive of a metabolic disorder List the clinical clues suggestive of a genetic etiology 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE3.3	<p>Assessment of a child with developmental delay - Elicit document and present history</p> <ul style="list-style-type: none"> Elicit on present developmental history child with developmental delay perform under supervision Developmental examination of a child Document developmental quotient of a child on basis of developmental history and examination To perform under supervision neurological examination of the child with developmental delay 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE3.4	<p>Counsel a parent of a child with developmental delay</p> <ul style="list-style-type: none"> Perform under supervision, counseling of parent of a child with developmental delay with respect to etiology management progressive and enhance in next pregnancy 	S	SH	Y	DOAP session	Document in Log Book			
PE3.5	<p>Discuss the role of the child developmental unit in management of developmental delay</p> <ul style="list-style-type: none"> Discuss the concept of interdisciplinary multidisciplinary, transdisciplinary team models Discuss the different constituents of child developmental unit Discuss involvement of the other faculties in association with child developmental unit Discuss the role of each team member in the child developmental unit 	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE3.6	<p>Discuss the referral criteria for children with developmental delay</p> <ul style="list-style-type: none"> List the referral criteria for a child with developmental delay 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE3.7	<p>Visit a Child Developmental Unit and observe its functioning</p> <ul style="list-style-type: none"> Visit a child developmental unit and observe its functioning Identify various team members of child developmental unit 	S	KH	Y	Lecture, Small group discussion	Log book Entry		Community Medicine	

PE3.8	<p>Discuss the etio-pathogenesis, clinical presentation and multi-disciplinary approach in the management of Cerebral palsy</p> <ul style="list-style-type: none"> • To enumerate the causes of cerebral palsy categorically • Discuss the pathogenesis of cerebral palsy • Define cerebral palsy • Describe the clarification and clinical features of cerebral palsy • Discuss the clinical evaluation of a child with cerebral palsy – history, general physical examination extended neurological examination developmental examination assessment of orthotics function • Discuss investigation in a child with cerebral palsy with respect to etiology, assessment of co-morbidities, final diagnostic • Discuss goals of management • List the members of the multidisciplinary team involved in the management of cerebral palsy • Discuss the management of a child with cerebral palsy- types of therapies and how they work, role orthotics, role of drugs, role of visual and hearing rehabilitation, role of surgery, dietary advice, special education and educational placement, parental counseling • Discuss the outcome of a child with cerebral palsy 	K	KH	Y	Lecture, Small group, Bedside clinics	Written/ Viva voce			Physical Medicine & Rehabilitation
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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
<p>Topic: Common problems related to Development-2 (Scholastic backwardness, Learning Disabilities , Autism , ADHD) Number of competencies:(06) Number of procedures that require certification:(NIL)</p>									
PE4.1	Discuss the causes and approach to a child with scholastic backwardness <ul style="list-style-type: none"> • Discuss the causes of a child with scholastic background • Discuss the approach to a child with scholastics background- history, examination , relevant investigation 	K	K	N	Lecture, Small group discussion	Written			
PE4.2	Discuss the etiology, clinical features, diagnosis and management of a child with Learning Disabilities <ul style="list-style-type: none"> • Define specific learning disability • Describe terminologies – dyslexia, dysgraphia, dyscalculia • Discuss the neurological basis and genetics of learning disability • Enumerate the early identification signs of learning disability • Discuss the assessment of learning disabilities – a broad outline • Discuss the neurological testing of learning disabilities including the names of some of the tests • Discuss the management of learning disabilities 	K	K	N	Lecture, Small group discussion	Written			
PE4.3	Discuss the etiology, clinical features, diagnosis and management of a child with Attention Deficit Hyperactivity Disorder (ADHD) <ul style="list-style-type: none"> • Discuss the etiopathogenesis of ADHS • Define ADHD • Enlist the core criteria used in DSM diagnosis of ADHS • Discuss the diagnostic criteria of ADHD as per DSM-5 • Discuss management of child with ADHD 	K	K	N	Lecture, Small group discussion	Written			
PE4.4	Discuss the etiology, clinical features, diagnosis and management of a child with Autism <ul style="list-style-type: none"> • Define autism • Discuss epidemiology of autism 	K	K	N	Lecture, Small group discussion	Written			

	<ul style="list-style-type: none"> Discuss etiology of autism Discuss the core clinical features of autism with reference to DSM-5 Discuss the screening and diagnostic assessment of a child with autism Discuss etiological evaluation of a child with autism Discuss management in a child with autism Discuss pharmacological management in autism Discuss long term outcome in autism 								
PE4.5	Discuss the role of Child Guidance clinic in children with Developmental problems <ul style="list-style-type: none"> Discuss role of child guidance clinic in children with developmental problems 	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Psychiatry	
PE4.6	Visit to the Child Guidance Clinic <ul style="list-style-type: none"> Perform visit to a child guidance clinic To discuss different team members and therapies in child guidance clinic To discuss role of developmental pediatrician in child guidance clinic 	S	KH	N	Lecture, Small group discussion	Document in Log Book			
Topic: Common problems related to behavior									
Number of competencies:(11)			Number of procedures that require certification:(NIL)						
PE5.1	Describe the clinical features, diagnosis and management of thumb sucking <ul style="list-style-type: none"> Define abnormal thumb sucking Describe the etiology & types of thumb sucking\ Discuss diagnosis of thumb sucking Discuss treatment of thumb sucking 	K	K	N	Lecture, Small group discussion	Written/MCQs			
PE5.2	Describe the clinical features, diagnosis and management of Feeding problems <ul style="list-style-type: none"> Discuss different causes of feeding problems Describe clinical features of a child with feeding problems Discuss diagnosis of a child with feeding problems Discuss management of a child with feeding problems 	K	K	N	Lecture, Small group discussion	Written: MCQs/ Short answer			
PE5.3	Describe the clinical features, diagnosis and management of nail biting <ul style="list-style-type: none"> Describe the clinical features of nail biting Describe the diagnosis of nail biting Discuss the management of nail biting 	K	K	N	Lecture, Small group discussion	Written MCQs/ Viva voce			

PE5.4	Describe the clinical features, diagnosis and management of Breath Holding spells <ul style="list-style-type: none"> • Describe the two types of breath holding spells with their clinical features • Discuss the diagnosis of breath holding spells • Discuss the management of breath holding spells 	K	K	N	Lecture, Small group discussion	Written MCQs / Viva voce			Psychiatry
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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE5.5	Describe the clinical features, diagnosis and management of temper tantrums <ul style="list-style-type: none"> Describe the clinical features of temper tantrums Discuss the diagnosis of temper tantrums Discuss management of temper tantrums 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.6	Describe the clinical features, diagnosis and management of Pica <ul style="list-style-type: none"> Define PICA Discuss etiopathogenesis of PICA Discuss the clinical features of PICA Discuss the management of PICA 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.7	Describe the clinical features, diagnosis and management of Fussy infant <ul style="list-style-type: none"> Describe the clinical features of a fussy infant Discuss the diagnosis & management of fussy infant 	K	K	N	Lecture, Small group discussion	Written			Psychiatry
PE5.8	Discuss the etiology, clinical features and management of Enuresis <ul style="list-style-type: none"> Define enuresis Describe the classification of enuresis Discuss the etiopathogenesis of enuresis Discuss evaluations of a child with enuresis 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.9	Discuss the etiology, clinical features and management of Encopresis <ul style="list-style-type: none"> Define & classify encopresis Discuss etiology & pathophysiology of encopresis Discuss the clinical features of encopresis Discuss the diagnosis of encopresis Discuss the management of encopresis 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE5.10	Discuss the role of child guidance clinic in children with behavioural problems and the referral criteria <ul style="list-style-type: none"> Discuss the role of child guidance clinic in children with behavior problems of child with behavior issues Discuss the referral criteria to child guidance clinic 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE5.11	Visit to Child Guidance Clinic and observe functioning <ul style="list-style-type: none"> Discuss the functioning of child guidance clinic 	K	KH	N	Lecture, Small group discussion	Document in Log Book			

Topic: Adolescent Health & common problems related to Adolescent Health Number of competencies:(13)

Number of procedures that require certification:(NIL)

PE6.1	Define Adolescence and stages of adolescence <ul style="list-style-type: none"> Define adolescence Describe stages of adolescence 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE6.2	Describe the physical, physiological and psychological changes during adolescence (Puberty) <ul style="list-style-type: none"> Describe the physical changes during adolescence & SMR criteria Describe the physiological & hormonal changes during adolescence Discuss the psychological changes in adolescence 	K	KH	Y	Lecture, Small group discussion	Written/MCQs Viva voce			Psychiatry
PE6.3	Discuss the general health problems during adolescence <ul style="list-style-type: none"> Discuss the general health problems of adolescence Describe factors influencing health of adolescence 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE6.4	Describe adolescent sexuality and common problems related to it <ul style="list-style-type: none"> Describe adolescent sexuality and common problems related to it Discuss implementation of sexuality issues on pediatrician dealing with adolescents 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.5	Explain the Adolescent Nutrition and common nutritional problems <ul style="list-style-type: none"> Discuss adolescent nutrition status Discuss the vulnerabilities of adolescent nutrition Discuss dietary recommendation for adolescent Discuss factors affecting adolescent nutrition Describe the common nutritional problems in adolescence 	K	KH	Y	Lecture, Small group discussion	Written :Short answer/ Viva voce			Psychiatry

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE6.6	Discuss the common Adolescent eating disorders (Anorexia Nervosa, Bulimia) <ul style="list-style-type: none"> Describe the clinical features of the two common eating disorder Discuss the diagnosis of eating disorder Discuss the management of eating disorder 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.7	Describe the common mental health problems during adolescence <ul style="list-style-type: none"> Discuss determinate of mental health in adolescent Describe the common mental health problems in adolescent 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			Psychiatry
PE6.8	Respecting patient privacy and maintaining confidentiality while dealing with adolescence	A	SH	Y	Bedside clinics	Document in log book			AETCOM
PE6.9	Perform routine Adolescent Health check up including eliciting history, performing examination including SMR (Sexual Maturity Rating), growth assessments (using Growth charts) and systemic exam including thyroid and Breast exam and the HEADSS screening <ul style="list-style-type: none"> Performing routine adolescent health check up including SMR Performing growth assessments using growth charts Performing systemic examinations including thyroid & breast 	S	SH	Y	Bedside clinics	Skills station			
PE6.10	Discuss the objectives and functions of AFHS (Adolescent Friendly Health Services) and the referral criteria <ul style="list-style-type: none"> Discuss adolescent friendly health services (AFHS) their objectives, functions and referral criteria 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE6.11	Visit to the Adolescent Clinic <ul style="list-style-type: none"> Performing visit to the adolescent clinic 	S	KH	Y	DOAP session	Document in Log Book			
PE6.12	Enumerate the importance of obesity and other NCD in adolescents <ul style="list-style-type: none"> Enumerate non communicable disease in adolescent with to obesity 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE6.13	Enumerate the prevalence and the importance of recognition of sexual drug abuse in adolescents and children <ul style="list-style-type: none"> Enumerate the prevalence of sexual drug abuse in adolescents & children 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			Psychiatry

	<ul style="list-style-type: none"> Discuss the importance of its recognition 								
Topic: To promote and support optimal Breast feeding for Infants Number of competencies:(11) Number of procedures that require certification: (01)									
PE7.1	Awareness on the cultural beliefs and practices of breast feeding <ul style="list-style-type: none"> Should be able to describe prevalent cultural beliefs and practices of breast feeding. 	K	K	N	LECTURE/GD	Short note		Physiology	Obstetrics & Gynecology
PE7.2	Explain the physiology of lactation <ul style="list-style-type: none"> Should be able to describe reflexes of lactation and hormonal regulation of BF Should be able to describe sucking and rooting reflexes of Infant 	K	K	Y	Lecture	MCQ/Viva/Short Note		Physiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE7.3	Describe the composition and types of breast milk and discuss the differences between cow's milk and Human milk <ul style="list-style-type: none"> • should be able to discuss composition of breast milk • Should be able to discuss difference between breast milk and cows milk. 	K	K	Y	Lecture	MCQ/Viva/Short Note		Anatomy -Physiology	
PE7.4	Discuss the advantages of breast milk <ul style="list-style-type: none"> • The student should be able to discuss major advantages of BF to child • The student should be able to discuss advantage of BF to mother • The student should be able to discuss contraindications of BF • The student should be able to discuss causes of lactational failure. 	K	KH	Y	GD	MCQ/Viva/Short Note		Physiology	
PE7.5	Observe the correct technique of breast feeding and distinguish right from wrong techniques <ul style="list-style-type: none"> • The student should be able to demonstrate various positions of holding baby for breast feeding • Should be able to demonstrate good and bad attachment. • Should be able to counsel a patient about adequacy of breast milk under supervision. • Should be able to identify and counsel common problems during lactation eg breast engorgement etc. 	S	P	Y	Bedside clinics, Skills lab/ Videos/ Skill Lab/BSC	Skill Assessment	3		Obstetrics &Gynaecology PSM , AETCOM
PE7.6	Enumerate the baby friendly hospital initiatives <ul style="list-style-type: none"> • At the end of session student should be able to enumerate 10 steps of BHF1 	K	KH	Y	GD	Viva/Short QA			
PE7.7	Perform breast examination and identify common problems during lactation such as retracted nipples, cracked nipples, breast engorgement, breast abscess <ul style="list-style-type: none"> • The student should be able to demonstrate steps of breast examination. • The student should be able to identify retracted nipple, cracked nipple, breast abscess, engorgement. • The student should be able to discuss treatment of above conditions 	S	SH	Y	Bedside clinics	Skill Assessment	1		Obstetrics &Gynaecology, AETCOM

PE7.8	Educate mothers on ante natal breast care and prepare mothers for lactation <ul style="list-style-type: none"> The student should be able to demonstrate and counsel about breast care and lactation. 	AC	SH	Y	Role play/BSC	3 sessions in log book			OBG , AETCOM
PE7.9	Educate and counsel mothers for best practices in Breast feeding <ul style="list-style-type: none"> The student should be able to counsel mother on BF best practices. 	AC	SH	Y	DOAP/BSC	3 sessions in log book			
PE7.10	Respects patient privacy <ul style="list-style-type: none"> Should demonstrate the ability to respect privacy of patient while counseling. 	AC	SH	Y	DOAP/BSC	3 sessions in log book			AETCOM
PE7.11	Participate in Breast Feeding Week Celebration <ul style="list-style-type: none"> The student should participate in breast feeding week. 	A	SH	Y	DOAP/BSC	Log Book			
Topic: Complementary Feeding Number of competencies:(05) Number of procedures that require certification:(one)									
PE8.1	Define the term Complementary Feeding <ul style="list-style-type: none"> Should be able to describe what is complementary feeding 	K	K	Y	Lecture	Viva/MCQ/Short note		Community Medicine	NRC

	<ul style="list-style-type: none"> Enumerate the sources of micronutrients, vital and RDA Elicit the deficiency of vitamins and 								
PE9.2	<p>Describe the tools and methods for assessment and classification of nutritional status of infants, children and adolescents</p> <ul style="list-style-type: none"> Discuss the different methods of nutritional assessment Describe the various classification of nutritional 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE9.3	<p>Explains the Calorific value of common Indian foods</p> <ul style="list-style-type: none"> Enumerate the various items in daily routine use Define the daily balance diet Enumerate the caloric value of common food item 	K	K	Y	Lecture, Small group discussion	Written/ MCQs/Small exercise		Biochemistry	
PE9.4	<p>Elicit document and present an appropriate nutritional history and perform a dietary recall</p> <ul style="list-style-type: none"> Demonstrate the method to take appropriate nutritional history by dietary recall Interpret the nutrition history as per age and sex of child 	S	SH	Y	Bedside clinic, Skills lab	Skill Assessment		Community Medicine	
PE9.5	<p>Calculate the age related calorie requirement in Health and Disease and identify gap</p> <ul style="list-style-type: none"> Interpret the caloric deficit and anthropometric parameter Identify and demonstrate the growth pattern in malnutrition child Document the caloric in health and disease 	S	SH	Y	Bedside clinics, Small group discussion	Skill assessment		Community Medicine	
PE9.6	<p>Assess and classify the nutrition status of infants, children and adolescents and recognize deviations</p> <ul style="list-style-type: none"> Demonstrate the nutritional status of infants, children and adolescent The anthropometric data of infants child and adolescent Interpret the in the nutritional steps 	S	SH	Y	Bedside clinic, Small group discussion	Skill Assessment		Community Medicine	

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PE9.7	Plan an appropriate diet in health and disease <ul style="list-style-type: none"> Identify the nutritional need of child as per sex and age Plan an appropriate diet in health 	S	SH	N	Bedside clinic, Small group discussion	Document in logbook		Community Medicine	
Topic: Provide nutritional support , assessment and monitoring for common nutritional problems Number of competencies:(06) Number of procedures that require certification:(NIL)									
PE10.1	Define and describe the etio-pathogenesis, classify including WHO classification, clinical features, complication and management of Severe Acute Malnourishment (SAM) and Moderate Acute Malnutrition (MAM) <ul style="list-style-type: none"> Define the SAM & MAM Discuss the etiopathogenesis of SAM & MAM Classify PEM as per WHO Enumerate the clinical feature and complication of PEM Discuss the management of SAM & MAM 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
PE10.2	Outline the clinical approach to a child with SAM and MAM <ul style="list-style-type: none"> Enumerate the clinical feature of SAM & MAM Differentiate between SAM & MAM Enumerate the common causes of PEM 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry	
PE10.3	Assessment of a patient with SAM and MAM, diagnosis, classification and planning management including hospital and community based intervention, rehabilitation and prevention <ul style="list-style-type: none"> Identify the clinical features of SAM & MAM Document community based intervention Document rehabilitation and prevention 	S	SH	Y	Bedside clinics, Skills lab	Skill station		Physiology, Biochemistry	
PE10.4	Identify children with under nutrition as per IMNCI criteria and plan referral <ul style="list-style-type: none"> Perform anthropometric evaluation of the child as per IMNCI Identify the signs of nutritional deficiency and criteria for referral 	S	SH	Y	DOAP session	Document in log book		Community Medicine	
PE10.5	Counsel parents of children with SAM and MAM <ul style="list-style-type: none"> Identify the signs of SAM & MAM Interpret the severity of deficiency signs in PEM Counsel the parent for nutritional rehabilitation 	S	SH	Y	Bedside clinic, Skills Station	Document in Log book		AETCOM	

PE10.6	Enumerate the role of locally prepared therapeutic diets and ready to use therapeutic diets <ul style="list-style-type: none"> List locally available food items Discuss the various components of balanced diet Discuss the benefit of balanced diet 	K	K	N	Lecture, Small group discussion	Written/ MCQs			NRC
Topic: Obesity in children Number of competencies:(06) Number of procedures that require certification:(01)									
PE11.1	Describe the common etiology, clinical features and management of obesity in children <ul style="list-style-type: none"> Should be able to define overweight & obesity Knows various causes of obesity in children Student should be able to enlist various endocrine causes of obesity Should be able to name few common genetic syndrome with obesity Student should be able to plot BMI on growth charts Should be able to constitutional distinguish obesity from pathological obesity Should be able to enlist complications of obesity Knows various life style modifications for managing obesity 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Biochemistry, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE11.2	Discuss the risk approach for obesity and discuss the prevention strategies <ul style="list-style-type: none"> • Candidate should be able to identify various issues related to diet, life style measures as a risk approach • Able to discuss role of healthy diet, exercise; media use in prevention of obesity 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE11.3	Assessment of a child with obesity with regard to eliciting history including physical activity, charting and dietary recall <ul style="list-style-type: none"> • Document history regarding to calorie intake • Document history regarding type of food intake • Able to identify IV/Media Use/Day • Able to elicit no. of hrs. of exercise per week 	S	SH	Y	Bedside clinics, Standardized patients	Document in log book			
PE11.4	Examination including calculation of BMI, measurement of waist hip ratio, identifying external markers like acanthosis, striae, pseudogynaecomastia etc <ul style="list-style-type: none"> • Correctly records weight height and BMI of child • Able to record weight height ratio of child • Able to interpret BMI & weight height ratio correctly • Knows/able to examine child for BP • Able to record dimorphism if any • Able to identify acanthosis striae over abdomen • Able to record SMR correctly 	S	SH	Y	Bedside clinics, Standardized patients, Videos	Skills Station			
PE11.5	Calculate BMI, document in BMI chart and interpret <ul style="list-style-type: none"> • Correctly record weight height & BMI of child • Correctly interpret BMI of child • Able to identify from charts exo. From endo obesity 	S	P	Y	Bedside clinics, Small group discussion	Document in log book	3		
PE11.6	Discuss criteria for referral <ul style="list-style-type: none"> • Able to differentiate exogenous from endogenous obesity from growth charts • Able to identify children with risk factors for obesity 	K	K	Y	Small group discussion	Viva voce			

Topic: Micronutrients in Health and disease-1 (Vitamins ADEK, B Complex and C)

Number of competencies:(21)

Number of procedures that require certification:(NIL)

PE12.1	Discuss the RDA, dietary sources of Vitamin A and their role in Health and disease <ul style="list-style-type: none"> Describe requirement of vitamin A as per age and list food items rich vitamin A Enumerate disease due to vitamin A deficiency and require daily allowance to prevent in difference food item 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	Community Medicine
PE12.2	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin A <ul style="list-style-type: none"> What are various causes of deficiency/excess of vitamin A along with its clinical features and management Define vitamin A deficiency/excess, its causes and required intervention 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.3	Identify the clinical features of dietary deficiency / excess of Vitamin A <ul style="list-style-type: none"> What are various clinical features of vitamin A deficiency Document various points to observe in vitamin A deficiency patient 	S	SH	Y	Bedside clinics, Small group discussion	Document in log book		Biochemistry	
PE12.4	Diagnose patients with Vitamin A deficiency, classify and plan management <ul style="list-style-type: none"> Identify & clarify vitamin A deficiency & required treatment Define clinical features of vitamin A deficiency & management schedule for assess with endemic vitamin A deficiency 	S	SH	N	Bedside clinics, Skill Station	Document in log book		Biochemistry	
PE12.5	Discuss the Vitamin A prophylaxis program and their recommendations <ul style="list-style-type: none"> Elaborate vitamin A properly programme recommended in tabular form Define prophyl & cutoff for vitamin A deficiency in commonly 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	Community Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE12.6	Discuss the RDA, dietary sources of Vitamin D and their role in health and disease <ul style="list-style-type: none"> Describe requirement of vitamin D for different age group & list various food item rich in vitamin D Discuss vitamin D deficiency, its cause, clinical features and management plan 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.7	Describe the causes, clinical features, diagnosis and management of Deficiency / excess of Vitamin D (Rickets and Hypervitaminosis D) <ul style="list-style-type: none"> Discuss rickets, what are various causes leading to rickets & its clinical features Define the causes & clinical features of vitamin D deficiency & excess along with its treatment 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.8	Identify the clinical features of dietary deficiency of Vitamin D <ul style="list-style-type: none"> Document clinical features of vitamin D deficiency Demonstrate various manifestation of vitamin D deficiency 	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry, Physiology, Pathology	
PE12.9	Assess patients with Vitamin D deficiency, diagnose, classify and plan management <ul style="list-style-type: none"> Present and assess a case of vitamin D deficiency & its management Interpret findings of vitamin D deficiency & plan management according to it 	S	SH	Y	Bedside clinics	Document in log book		Biochemistry, Physiology, Pathology	
PE12.10	Discuss the role of screening for Vitamin D deficiency <ul style="list-style-type: none"> Describe the screening protocol for vitamin D deficiency Define the role of screening for vitamin D deficiency 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE12.11	Discuss the RDA, dietary sources of Vitamin E and their role in health and disease <ul style="list-style-type: none"> Describe requirement of vitamin E for different age & list various food item rich in vitamin E Discuss vitamin E its cause clinical features & management plan 	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.12	Describe the causes, clinical features, diagnosis and management of deficiency of Vitamin E <ul style="list-style-type: none"> Define the causes & clinical features of vitamin E deficiency Enlist various causes of vitamin E deficiency, its clinical features & management plan 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	

PE12.13	<p>Discuss the RDA, dietary sources of Vitamin K and their role in health and disease</p> <ul style="list-style-type: none"> Describe requirement of vitamin K for different age group & list various item rich in vitamin K Enumerate role of vitamin K and its daily requirement 	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.14	<p>Describe the causes, clinical features, diagnosis management and prevention of deficiency of Vitamin K</p> <ul style="list-style-type: none"> Discuss vitamin K deficiency, various causes leading it & its clinical features Define the cause & clinical features of vitamin K deficiency along with its treatment plan 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Physiology, Pathology	
PE12.15	<p>Discuss the RDA, dietary sources of Vitamin B and their role in health and disease</p> <ul style="list-style-type: none"> Enlist vitamin B complex & its RDA & role Describe requirement of vitamin B for different age & list various food item rich in vitamin B 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.16	<p>Describe the causes, clinical features, diagnosis and management of deficiency of B complex Vitamins</p> <ul style="list-style-type: none"> Define the causes & clinical features of vitamin B deficiency Enlist various causes of vitamin B deficiency, its clinical features management plan 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE12.17	Identify the clinical features of Vitamin B complex deficiency <ul style="list-style-type: none"> Document various clinical features of vitamin B complex deficiency Present various manifestation of vitamin B complex deficiency 	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry	
PE12.18	Diagnose patients with Vitamin B complex deficiency and plan management <ul style="list-style-type: none"> Present a case of vitamin B deficiency with diagnosis & its management What all clinical features required to fulfill diagnosis of vitamin B complex deficiency & checkout its management 	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Biochemistry	
PE12.19	Discuss the RDA , dietary sources of Vitamin C and their role in Health and disease <ul style="list-style-type: none"> Define the causes & clinical features of vitamin C deficiency Describe of vitamin C for different age & list various item rich in vitamin C 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.20	Describe the causes, clinical features, diagnosis and management of deficiency of Vitamin C (scurvy) <ul style="list-style-type: none"> Discuss vitamin C deficiency, various causes leading to it & its clinical features Define the cause & clinical features of vitamin C deficiency along with its treatment plan 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE12.21	Identify the clinical features of Vitamin C deficiency <ul style="list-style-type: none"> Enlist causes & clinical features scurvy Interpret the clinical features of scurvy & its management plan 	S	SH	N	Bedside clinics, Skill lab	Document in log book		Biochemistry	
Topic: Micronutrients in Health and disease -2: Iron, Iodine, Calcium, Magnesium									
Number of competencies:(14)					Number of procedures that require certification:(NIL)				
PE13.1	Discuss the RDA, dietary sources of Iron and their role in health and disease <ul style="list-style-type: none"> Describe requirement of iron as per age & list food items rich in iron Enumerate disease due to iron deficiency & requirement daily allowance to prevent in different food item 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	Community Medicine
PE13.2	Describe the causes, diagnosis and management of Fe deficiency <ul style="list-style-type: none"> Discuss various manifestation of fe deficiency & its cause Discuss various causes of iron deficiency & its cloud 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Biochemistry	

	manifestation on human body								
PE13.3	Identify the clinical features of dietary deficiency of Iron and make a diagnosis <ul style="list-style-type: none"> Document various clinical features of fe deficiency acquired to diagnosis a case Interpret finding case of fe deficiency & make a diagram 	S	SH	Y	Bedside clinics, Skills lab	Document in log book		Pathology, Biochemistry	
PE13.4	Interpret hemogram and Iron Panel <ul style="list-style-type: none"> Make a record of hemogram & iron panel ?not able to understand question 	S	SH	Y	Bedside clinic, Small group discussion	Skill Assessment		Pathology, Biochemistry	
PE13.5	Propose a management plan for Fe deficiency anaemia <ul style="list-style-type: none"> Chalk out mgt plan for fe deficiency 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Pathology, Pharmacology	
PE13.6	Discuss the National anemia control program and its recommendations <ul style="list-style-type: none"> Describe in detail national anemia control program & its recommendation Enlist proposal guideline for national anemia control program Enumerate blueprint of national anemia control program 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Community Medicine	Community Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE13.7	Discuss the RDA , dietary sources of Iodine and their role in Health and disease <ul style="list-style-type: none"> Describe the required dietary allowance and sources available for iodine List the same available for iodine & RDA 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.8	Describe the causes, diagnosis and management of deficiency of Iodine <ul style="list-style-type: none"> Discuss in detail cause, drug & management of iodine deficiency disorder (IOD) Define the cause & management of IOD 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.9	Identify the clinical features of Iodine deficiency disorders <ul style="list-style-type: none"> Document the clinical features of iodine deficiency Interpret various manifestation of iodine deficiency 	S	SH	N	Lecture, Bedside clinic	Written/ Viva voce		Biochemistry	
PE13.10	Discuss the National Goiter Control program and their recommendations <ul style="list-style-type: none"> Define national goiter control program & its recommendation Enumerate the protocol of national goiter control program 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry, Community Medicine	
PE13.11	Discuss the RDA, dietary sources of Calcium and their role in health and disease <ul style="list-style-type: none"> Describe the required daily amount of Ca⁺² & available sources Define the sources available of Ca⁺² & IDA 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.12	Describe the causes, clinical features, diagnosis and management of Ca Deficiency <ul style="list-style-type: none"> Define the cause, clinical features, diagnosis & management of Ca⁺² deficiency Elicit salient features of Ca⁺² deficiency & diagnosis & management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.13	Discuss the RDA, dietary sources of Magnesium and their role in health and disease <ul style="list-style-type: none"> Describe the required daily amount of magnesium Define the sources available of Mg⁺² & RDA 	K	K	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	
PE13.14	Describe the causes, clinical features, diagnosis and management of Magnesium Deficiency <ul style="list-style-type: none"> Define the cause, clinical features, diagnosis & management of Mg⁺² deficiency 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Biochemistry	

	<ul style="list-style-type: none"> Elicit salient feature of Mg⁺² deficiency & diagnosis & management 								
Topic: Toxic elements and free radicals andoxygentoxicity									
Number ofcompetencies:(05)					Number of procedures that require certification(NIL)				
PE14.1	Discuss the risk factors, clinical features, diagnosis and management of Lead Poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce/MCQs		Pharmacology	
PE14.2	Discuss the risk factors, clinical features, diagnosis and management of Kerosene ingestion	K	KH	N	Lecture, Small group discussion	Written/ Viva voce/ MCQs		ENT	
PE14.3	Discuss the risk factors, clinical features, diagnosis and management of Organophosphorous poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce/ MCQs		Pharmacology	General Medicine

Number	COMPETENCY The student should be able to	Domain K/S/AC	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE14.4	Discuss the risk factors, clinical features, diagnosis and management of paracetamol poisoning	K	KH	N	Lecture, Small group discussion	Written/ Viva voce/ MCQs		Pharmacology	
PE14.5	Discuss the risk factors, clinical features, diagnosis and management of Oxygen toxicity	K	KH	N	Lecture, Small group discussion	Written/ Viva voce/ MCQs			
Topic: Fluid and electrolyte balance Number of competencies: (07) Number of procedures that require certification: (NIL)									
PE15.1	Discuss the fluid and electrolyte requirement in health and disease <ul style="list-style-type: none"> List all fluid & electrolyte requirement in pediatric age group Enlist fluid & electrolyte necessary for pediatric age group 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE15.2	Discuss the clinical features and complications of fluid and electrolyte imbalance and outline the management <ul style="list-style-type: none"> Describe the ill effect of fluids electrolyte imbalance Define all possible fluid & electrolyte imbalance with specific range 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE15.3	Calculate the fluid and electrolyte requirement in health <ul style="list-style-type: none"> Demonstrate fluid & electrolyte required in health & calculate Document various electrolyte conc. & fluid required & calculate 	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE15.4	Interpret electrolyte report <ul style="list-style-type: none"> Document electrolyte interpretation Demonstrate electrolyte interpretation 	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE15.5	Calculate fluid and electrolyte imbalance <ul style="list-style-type: none"> Document imbalance of fluid & electrolyte & calculate Present an electrolyte & fluid imbalance sheet 	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			
PE15.6	Demonstrate the steps of inserting an IV cannula in a model <ul style="list-style-type: none"> Perform independently of how to insert I/V cannula Demonstrate the method of I/V cannulation 	S	SH	Y	Skills Lab	mannequin			
PE15.7	Demonstrate the steps of inserting an interosseous line in a mannequin <ul style="list-style-type: none"> Perform independently of how to insert intravenous 	S	SH	Y	Skills Lab	mannequin			

	cannula								
	<ul style="list-style-type: none"> Demonstrate the method of I/V cannulation 								
Topic: Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Guideline									
Number of competencies: (03)					Number of procedures that require certification: (NIL)				
PE16.1	Explain the components of Integrated Management of Neonatal and Childhood Illnesses (IMNCI) guidelines and method of Risk stratification	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE16.2	Assess children <2 months using IMNCI Guidelines	S	SH	Y	DOAP session	Document in log Book			
PE16.3	Assess children >2 to 5 years using IMNCI guidelines and Stratify Risk	S	SH	Y	DOAP session	Document in log Book			
Topic: The National Health programs, NHM Number of competencies:(02) Number of procedures that require certification:(NIL)									
PE17.1	State the vision and outline the goals, strategies and plan of action of NHM and other important national programs pertaining to maternal and child health including RMNCH A+, RBSK, RKSK, JSSK mission Indradhanush and ICDS <ul style="list-style-type: none"> The student should be able to discuss 11 expected goals of NHM. The student should be able to describe steps of interventions in RMNCH+A. The student should be able to describe 4 Ds in RBSK. The student should be able to describe various components of RKSK. The student should be able to describe benefits of JSSK and its beneficiaries. 	K	KH	Y	Lecture	Viva/MCQ		Community Medicine	
PE17.2	Analyse the outcomes and appraise the monitoring and evaluation of NHM <ul style="list-style-type: none"> The student should be able to Discuss methods of monitoring and evaluation of NHM. 	K	KH	Y	GD/Debate	Short note		Community Medicine	
Topic: The National Health Programs: RCH Number of competencies:(08) Number of procedures that require certification:(NIL)									
PE18.1	List and explain the components, plan, outcome of Reproductive Child Health (RCH) program and appraise its monitoring and evaluation <ul style="list-style-type: none"> The student should be able to describe components of RCH programmes. 	K	KH	Y	Lecture/GD	Short note/viva/ MCQs		Community Medicine	
PE18.2	Explain preventive interventions for child survival and safe motherhood <ul style="list-style-type: none"> The student should be able to describe components of CSSM programmes. 	K	KH	Y	Lecture/GD	Short note/viva/ MCQs		Community Medicine	

PE18.3	<p>Conduct Antenatal examination of women independently and apply at-risk approach in antenatal care</p> <ul style="list-style-type: none"> The student should be able to demonstrate antenatal examination of mother The student should be able to interpret various at risk approach in antenatal care. 	S	SH	Y	BSC	Skill station		Community Medicine	Obstetrics &Gynaecology
PE18.4	<p>Provide intra-natal care and conduct a normal delivery in a simulated environment</p> <ul style="list-style-type: none"> The student should be able to conduct a norma delivery under supervision in simulation. 	S	SH	Y	Skill station/ DOAP session	Log Book		Community Medicine	Obstetrics &Gynaecology
PE18.5	<p>Provide intra-natal care and observe the conduct of a normal delivery</p> <ul style="list-style-type: none"> the student should demonstrate how to conduct adelivery under supervision in labor room. 	S	SH	Y	Delivery room	Log Book			Obstetrics &Gynaecology

Number	COMPETENCY The student should be able to	Domain K/S/AC	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE18.6	Perform Postnatal assessment of newborn and mother, provide advice on breast feeding, weaning and on family planning <ul style="list-style-type: none"> The student should be able to assess newborn and mother for need of resuscitation and danger signs. The student should be able to counsel mother on BF and KMC. The student should be able to counsel mother on weaning foods. The student should be able to counsel on family planning. 	S	SH	Y	BSC/Skill lab	Skill station		Community Medicine	Obstetrics &Gynaecology
PE18.7	Educate and counsel caregivers of children <ul style="list-style-type: none"> The student should be able to educate caregivers of child about baby care, at risk recognition. The student should be able to counsel KMC. 	S	SH	Y	BSC/Skill Lab	Skill Assessment		AETCOM	
PE18.8	Observe the implementation of the program by visiting the Rural Health Centre <ul style="list-style-type: none"> The student to visit CHC to observe programe at rural centre. 	S	KH	Y	BSC/Skill Lab	Log book		Community Medicine	Obstetrics &Gynaecology
Topic: National Programs, RCH-Universal Immunizations program Number of competencies:(16) Number of procedures that require certification:(01)									
PE19.1	Explain the components of the Universal Immunization Program and the National Immunization Program	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.2	Explain the epidemiology of Vaccine preventable diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.3	Vaccine description with regard to classification of vaccines, strain used, dose, route, schedule, risks, benefits and side effects, indications and contraindications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ MCQs		Community Medicine, Microbiology, Biochemistry	
PE19.4	Define cold chain and discuss the methods of safe storage and handling of vaccines	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ MCQs/ Short illustrative case		Community Medicine, Microbiology, Biochemistry	

PE19.5	Discuss immunization in special situations – HIV positive children, immunodeficiency, pre-term, organ transplants, those who received blood and blood products, splenectomised children, adolescents, travellers	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine, Microbiology, Biochemistry	
PE19.6	Assess patient for fitness for immunization and prescribe an age appropriate immunization schedule	S	P	Y	Out Patient clinics Skills lab	Skill Assessment	5		

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE19.7	Educate and counsel a patient for immunization	A/C	SH	Y	DOAP session	Document in Log Book			
PE19.8	Demonstrate willingness to participate in the National and sub national immunisation days	A	SH	Y	Lecture, Small group discussion	Document in Log Book		Community Medicine	
PE19.9	Describe the components of safe vaccine practice – Patient education/ counselling; adverse events following immunization, safe injection practices, documentation and Medico-legal implications	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ MCQs			AETCOM
PE19.10	Observe the handling and storing of vaccines	S	SH	Y	DOAP session	Written/ Viva voce			
PE19.11	Document Immunization in an immunization record	S	SH	Y	Out Patient clinics, Skills lab	Skill assessment			
PE19.12	Observe the administration of UIP vaccines	S	SH	Y	DOAP session	Document in Log Book		Community Medicine	
PE19.13	Demonstrate the correct administration of different vaccines in a mannequin	S	SH	Y	DOAP session	Document in Log Book			
PE19.14	Practice Infection control measures and appropriate handling of the sharps	S	SH	Y	DOAP session	Document in Log Book			
PE19.15	Explain the term implied consent in Immunization services	K	K	Y	Small group discussion	Written/ Viva voce			
PE19.16	Enumerate available newer vaccines and their indications including pentavalent pneumococcal, rotavirus, JE, typhoid IPV & HPV	K	K	N	Lecture, Small group discussion	Written/ Viva voce			

Topic: Care of the Normal New born, and High risk Newborn

Number of competencies:(20)

Number of procedures that require certification:(NIL)

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE20.1	Define the common neonatal nomenclatures including the classification and describe the characteristics of a Normal Term Neonate and High Risk Neonates <ul style="list-style-type: none"> Define definitions commonly used in new born infants Describe characteristics of normal term neonate Define high risk neonate 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ MCQs			
PE20.2	Explain the care of a normal neonate <ul style="list-style-type: none"> Describe routine care of neonate Explain care of baby initial few hours after BM Explain care of baby beyond few hours 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.3	Perform Neonatal resuscitation in a manikin <ul style="list-style-type: none"> Demonstrate resuscitation algorithm Demonstrate initial steps, PPV, ET intubation chest compression & drugs Interpret evaluation at different clinical scenario based approach 	S	SH	Y	DOAP session	Log book entry of Performance			
PE20.4	Assessment of a normal neonate <ul style="list-style-type: none"> Evaluation of new born history & examination Assessment of size, growth, anthropometry, gestational age, GB & Sy. Etc Assessment of neonatal refers thermal 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE20.5	Counsel / educate mothers on the care of neonates <ul style="list-style-type: none"> Demonstrate understanding of routine care of new born to mother Inform about breast feeding, content hygiene to mother Counsel regarding good practices to adopt in new born care 	A/C	SH	Y	DOAP session	Log book documentation			
PE20.6	Explain the follow up care for neonates including Breast Feeding, Temperature maintenance, immunization, importance of growth monitoring and red flags <ul style="list-style-type: none"> Demonstrate good practice to mother at home Inform exclusive breast feeding for 6 months Counsel regarding vaccination & growth monitoring in follow up& red flag sign 	S	SH	Y	DOAP session	Log book entry			Obstetrics & Gynaecology
PE20.7	Discuss the etiology, clinical features and management of Birth asphyxia <ul style="list-style-type: none"> Define birth asphyxia Discuss etiopathogenesis of birth asphyxia Define clinical features & evaluation of a care of Discuss management of a care of birth asphyxia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

PE20.8	<p>Discuss the etiology, clinical features and management of respiratory distress in New born including meconium aspiration and transient tachypnoea of newborn</p> <ul style="list-style-type: none"> • Define respiratory distress in new born • Discuss clinical features & management of respiratory distress in new born • Discuss meconium aspiration in new born • Discuss TTPN 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.9	<p>Discuss the etiology, clinical features and management of Birth injuries</p> <ul style="list-style-type: none"> • Define birth injury & its type • Discuss etiopathogenesis of birth injury • Discuss management of birth injury 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ MCQs			
PE20.10	<p>Discuss the etiology, clinical features and management of Hemorrhagic disease of New born</p> <ul style="list-style-type: none"> • Describe hemorrhagic disease of new born • Discuss etiology C/F & management of HDNB 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ MCQs			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE20.11	Discuss the clinical characteristics, complications and management of Low birth weight (preterm and Small for gestation) <ul style="list-style-type: none"> Define preterm & SGA Discuss etiology C/F & management of preterm & SGA Discuss complication of preterm & SGA 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.12	Discuss the temperature regulation in neonates, clinical features and management of Neonatal Hypothermia <ul style="list-style-type: none"> Discuss the principles of temperature regulation in new born Describe clinical features, complication of hypothermia Describe management of hypothermia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.13	Discuss the temperature regulation in neonates, clinical features and management of Neonatal Hypoglycemia <ul style="list-style-type: none"> Discuss mechanism of temperature regulation in newborn Discuss clinical features & management of neonatal hypothermia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.14	Discuss the etiology, clinical features and management of Neonatal hypocalcemia <ul style="list-style-type: none"> Define hypocalcemia in newborn/neonates Discuss clinical feature & management of neonatal hypocalcemia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Short case scenerios			
PE20.15	Discuss the etiology, clinical features and management of Neonatal seizures <ul style="list-style-type: none"> Define neonatal seizures Discuss etiopathogenic & types of neonatal seizures Discuss clinical features & management of neonatal seizures 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.16	Discuss the etiology, clinical features and management of Neonatal Sepsis <ul style="list-style-type: none"> Define neonatal sepsis Discuss etiopathogenic & types of sepsis Discuss clinical features & management of neonatal sepsis 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/Short case scenerios			
PE20.17	Discuss the etiology, clinical features and management of Perinatal infections <ul style="list-style-type: none"> Define perinatal infection Discuss etiopathogenesis & risk of perinatal infection 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Short case scenerios			

	<ul style="list-style-type: none"> Discuss clinical features management of perinatal infection 								
PE20.18	Identify and stratify risk in a sick neonate using IMNCI guidelines <ul style="list-style-type: none"> Define high risk newborn Describe risk in sick newborn using IMNCI guidelines 	S	SH	Y	DOAP session	Document in Log Book			
PE20.19	Discuss the etiology, clinical features and management of Neonatal hyperbilirubinemia <ul style="list-style-type: none"> Define neonatal hyperbilirubinemia Discuss etiology, clinical features & classification of neonatal hyperbilirubinemia Discuss management of neonatal hyperbilirubinemia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE20.20	Identify clinical presentations of common surgical conditions in the new born including TEF, esophageal atresia, anal atresia, cleft lip and palate, congenital diaphragmatic hernia and causes of acute abdomen <ul style="list-style-type: none"> Identify common surgical problem in newborn 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic:Genito-Urinarysystem Number ofcompetencies:(17) Numberofprocedureshatrequire certification:(NIL)									

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE21.1	Enumerate the etio-pathogenesis, clinical features, complications and management of Urinary Tract infection in children <ul style="list-style-type: none"> • Discuss incidence, prevalence and epidemiology • Enumerate organism causing UTI, risk factors and site of infection • Describe clinical form of UTI & associated symptomatically • Discuss various diagnostic modalities and collection methods • Discuss general measures and pharmacological treatment • Describe significance & role of imaging studies • Enumerate complication & poor prognostic factor 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE21.2	Enumerate the etio-pathogenesis, clinical features, complications and management of acute post-streptococcal Glomerular Nephritis in children <ul style="list-style-type: none"> • Enumerate cardinal features of acute nephrotic syndrome • Describe PSGH pathology • Discuss clinical features of PSGH • Describe lab workup & management & prognosis of PSGH • Enumerate indication of biology in a case of PSGH 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.3	Discuss the approach and referral criteria to a child with Proteinuria <ul style="list-style-type: none"> • Enumerate causes of proteinuria both vinal and extravinal • Discuss bed side test for tubation of proteinuria • Describe lab evaluation and stepwise approach to proteinuria • Enumerate indication for renal biopsy and referral to penalist in a case of proteinuria 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.4	Discuss the approach and referral criteria to a child with Hematuria <ul style="list-style-type: none"> • Define hematuria • Enumerate cause of hematuria • Differentiate glomerular from non hematuria • Discuss lab evaluation and stepwise approach to hematuria • Enumerate indication for renal biopsy and referral to specialist in a case of hematuria 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Short case scenerios		Human Anatomy	

PE21.5	<p>Enumerate the etio-pathogenesis, clinical features, complications and management of Acute Renal Failure in children</p> <ul style="list-style-type: none"> • Define acute kidney injury • Enumerate causes of AKI • Classify AKI • Discuss clinical features of AKI • Describe lab evaluator in a case of ARF • Describe management of AKI • List indication of diagnosis a case of AKI 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.6	<p>Enumerate the etio-pathogenesis, clinical features, complications and management of Chronic Renal Failure in Children</p> <ul style="list-style-type: none"> • Define CKD • List causes of CKD • Describe clinical features of and effects of CKD • Discuss management of CKD • Enumerate indication for diagnosis in a case of CKD 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce/ Short case scenerios		Anatomy.Pathology	
PE21.7	<p>Enumerate the etio-pathogenesis, clinical features, complications and management of Wilms Tumor</p> <ul style="list-style-type: none"> • Describe origin and incidence of wilm tumor • Discuss association of wilm tumor with other congenital • Enumerate clinical features of wilm tumor • Describe lab workup and staging • List various modalities and their role in treatment of wilm tumor • Discuss complication related to primary discussion and various treatment modalities 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE21.8	<p>Elicit, document and present a history pertaining to diseases of the Genitourinary tract</p> <ul style="list-style-type: none"> • Identify complaints pointing toward genitourinary system • Document detailed history I.V.O. presenting complaints • Record and interpret signs and symptoms relating to genitourinary system 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			General Surgery
PE21.9	<p>Identify external markers for Kidney disease, like Failing to thrive, hypertension, pallor, lcthyosis, anasarca</p> <ul style="list-style-type: none"> • Identify and interpret sign and symptoms relating to genitourinary system • Demonstrate various clinical signs like aedima, vitamin deficiency sign • Interpret anthropometry 	S	SH	Y	Bedside clinics, Skills lab	Document in log book			

PE21.10	Analyse symptom and interpret the physical findings and arrive at an appropriate provisional / differential diagnosis <ul style="list-style-type: none"> Identify and document signs and physical finding Demonstrate various physical signs Perform systematic approach on the basis of symptom like Algeria, urine discoloration, proteinuria, hypernutrition etc. Document appropriate provisional and differential diagnosis 	S	SH	Y	Bedside clinics, Skills lab	Log book			
PE21.11	Perform and interpret the common analyses in a Urine examination <ul style="list-style-type: none"> Perform various method of urine collection and bed side test Interpret results of routine microscopy and culture in relation to type of sample 	S	SH	Y	Bedside clinics, Skills lab	Skill assessment		Biochemistry, Pathology	
PE21.12	Interpret report of Plain X Ray of KUB <ul style="list-style-type: none"> Identify indication for X-ray KUB Demonstrate proper precaution and positioning for x-ray KUB 	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE21.13	Enumerate the indications for and Interpret the written report of Ultra sonogram of KUB <ul style="list-style-type: none"> Enumerate the indication for USGKUB Interpret the report of USGKUB 	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	
PE21.14	Recognize common surgical conditions of the abdomen and genitourinary system and enumerate the indications for referral including acute and subacute intestinal obstruction, appendicitis, pancreatitis, perforation intussusception, Phimosis, undescended testis, Chordee, hypospadiasis, Torsion testis, hernia Hydrocele, Vulval Synechia <ul style="list-style-type: none"> Identify the common surgical condition of abdomen and genitourinary system Demonstrate and interpretation of various clinical signs in relation to identified surgical condition Identify indication for referral in case common surgical condition of abdomen and genitourinary system 	S	SH	Y	Bedside clinics, Skills lab	Log book assessment			General Surgery
PE21.15	Discuss and enumerate the referral criteria for children with genitourinary disorder <ul style="list-style-type: none"> Identify cases of genitourinary disorder Demonstrate and interpret the severity of clinical status and renal function Identify indication for renal biopsy and renal replacement therapy Identify indication for referral of genitourinary disorder 	S	SH	Y	Bedside clinics, Skills lab	Log book assessment			
PE21.16	Counsel / educate a patient for referral appropriately <ul style="list-style-type: none"> Inform parents about status of the patient Inform parent about mature course and possible outcome of disease Inform parents about benefits and referral I.V.O. detrainning renal function 	A/C	SH	Y	DOAP session	Document in Log book		AETCOM	
PE21.17	Describe the etiopathogenesis, grading, clinical features and management of hypertension in children <ul style="list-style-type: none"> Define hypertension Discuss epidemiology and etiopathogenesis Enumerate, whom to check for hypertension Classify hypertension 	K	KH	Y	Lecture, Small group discussion	Short notes			

	<ul style="list-style-type: none"> Describe clinical features of hypertension Describe management both pharmacologic and non pharmacologic Enumerate complication of hypertension 								
Topic: Approach to and recognition of a child with possible Rheumatologic problem									
Number ofcompetencies:(03)					Number of procedures that require certification:(NIL)				
PE22.1	Enumerate the common Rheumatological problems in children. Discuss the clinical approach to recognition and referral of a child with Rheumatological problem <ul style="list-style-type: none"> List the common rheumatological problems in children Discuss the clinical approach for arthritis Describe he assessment of severity of rheumatological problems Discuss management along with referral criteria of rheumatological problems 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE22.2	Counsel a patient with Chronic illness <ul style="list-style-type: none"> Identify various co-morbidities in a patient with chronic illness Demonstrate how to counsel a patient with chronic illness 	S	SH	N	Bedside clinics Skills lab	Log book			
PE22.3	Describe the diagnosis and management of common vasculitic disorders including Henoch Schonlein Purpura, Kawasaki Disease, SLE, JIA <ul style="list-style-type: none"> Enumerate the common vasculitic disorder Discuss the diagnosis of vasculitic diseases Describe the management of common vasculitic disorders with HSP, Kawasaki disease, SLE. 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
Topic: Cardiovascular system-HeartDiseases									
Number ofcompetencies: (18)					Number of procedures that require certification:(NIL)				
PE23.1	Discuss the Hemodynamic changes, clinical presentation, complications and management of Acyanotic Heart Diseases –VSD, ASD and PDA <ul style="list-style-type: none"> Describe the hemodynamic changes in acyanotic heart diseases Discuss the various clinical presentation & complication of ACHD Discuss the management of various ACHD 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE23.2	Discuss the Hemodynamic changes, clinical presentation, complications and management of Cyanotic Heart Diseases – Fallot’s Physiology <ul style="list-style-type: none"> Describe the hemodynamic changes of cyanotic heart disease Discuss the clinical presentation & complications Discuss the management of cyanotic heart disease (TOF) 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.3	Discuss the etio-pathogenesis, clinical presentation and management of cardiac failure in infant and children <ul style="list-style-type: none"> Discuss the etiopathogenesis & clinical presentation of CHF Discuss the management of heart failure 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.4	Discuss the etio-pathogenesis, clinical presentation and management of Acute Rheumatic Fever in children <ul style="list-style-type: none"> Discuss the etiopathogenesis, clinical features & management of acute rheumatic fever in children 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.5	Discuss the clinical features, complications, diagnosis, management and prevention of Acute Rheumatic Fever <ul style="list-style-type: none"> Describe the clinical features, complications of acute rheumatic fever Discuss the diagnosis, management & presentation of acute rheumatic fever 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology	
PE23.6	Discuss the etio-pathogenesis, clinical features and management of Infective endocarditis in children <ul style="list-style-type: none"> Describe the etiopathogenesis & clinical features of IE in child Discuss the management of IE 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Physiology, Pathology, Microbiology	
PE23.7	Elicit appropriate history for a cardiac disease, analyse the symptoms e.g. breathlessness, chest pain, tachycardia, feeding difficulty, failing to thrive, reduced urinary output, swelling, syncope, cyanotic spells, Suck rest cycle, frontal swelling in infants. Document and present <ul style="list-style-type: none"> Present the clinical history of patient with heart disease 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			

PE23.8	<p>Identify external markers of a cardiac disease e.g. Cyanosis, Clubbing, dependent edema, dental caries, arthritis, erythema rash, chorea, subcutaneous nodules, Osler's node, Janeway lesions and document</p> <ul style="list-style-type: none"> • Perform the clinical examination of patient with cardiac disease under supervision • Perform the clinical examination of a patient with cardiac disease independently 	S	SH	Y	Bedside clinics, Skills Lab	Skill Assessment			
PE23.9	<p>Record pulse, blood pressure, temperature and respiratory rate and interpret as per the age</p> <ul style="list-style-type: none"> • Demonstrate the recording of pulse, B.P. temperature, respiratory rate & interpret according to age 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE23.10	<p>Perform independently examination of the cardiovascular system – look for precordial bulge, pulsations in the precordium, JVP and its significance in children and infants, relevance of percussion in Pediatric examination, Auscultation and other system examination and document</p> <ul style="list-style-type: none"> • Perform independently the examination cardiovascular system with interpretation of same 	S	SH	Y	Bedside clinics, Skills lab	Skill station			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE23.11	Develop a treatment plan and prescribe appropriate drugs including fluids in cardiac diseases, anti -failure drugs, and inotropic agents <ul style="list-style-type: none"> Present a treatment plan for cardiac disease including – drugs (anti failure) I/V fluids, inotropes 	S	SH	Y	Bedside clinics, Skills lab	log book			
PE23.12	Interpret a chest X ray and recognize Cardiomegaly <ul style="list-style-type: none"> Interpret a chest X-ray Identify cardiomegaly in chest X-ray 	S	SH	Y	Bedside clinics, Skills lab	Log book entry		Radiodiagnosis	
PE23.13	Choose and Interpret blood reports in Cardiac illness <ul style="list-style-type: none"> What blood parameters you want to record in a patient of cardiac disease Interpret the blood parameteres 	S	P	Y	Bedside clinics, Small group discussion	Log book entry			
PE23.14	Interpret Pediatric ECG <ul style="list-style-type: none"> Interpret a pediatric ECG 	S	SH	Y	Bedside clinics, Skills lab	Log book entry			
PE23.15	Use the ECHO reports in management of cases <ul style="list-style-type: none"> Identify the use of Echo in management of cardiac disease 	S	SH	Y	Bedside clinics	Log book entry		Radiodiagnosis	
PE23.16	Discuss the indications and limitations of Cardiac catheterization <ul style="list-style-type: none"> Enumerate the indication & limitation of cardiac catheterization 	K	K	N	Small group discussion	Viva voce			
PE23.17	Enumerate some common cardiac surgeries like BT shunt, Potts and Waterston's and corrective surgeries <ul style="list-style-type: none"> Enumerate same cardiac surgeries with indications 	K	K	N	Small group discussion	Viva voce			
PE23.18	Demonstrate empathy while dealing with children with cardiac diseases in every patient encounter <ul style="list-style-type: none"> Inform regarding illness to the parents Demonstrate the understanding of illness Counsel the parents regarding the same 	A	SH	Y	Small group discussion	Document in Log Book		AETCOM	
Topic:DiarrhoealdiseasesandDehydration Number ofcompetencies:(17) Number of procedures that requirecertification:(03)									
PE24.1	Discuss the etio-pathogenesis, classification, clinical presentation and management of diarrheal diseases in children At end of session <ul style="list-style-type: none"> Student should be able to enumerate common pathogen of diarrhoel disease in children 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

	<ul style="list-style-type: none"> • Should be able to discuss important epidemiological factors of diarrhea in children • Should be able to clarify degree of dehydration correctly in a child with diarrhea • Should be able to enlist differences between various degrees of dehydration in a child • Should be able to discuss oral rehydration therapy • Should be able to plan intravenous fluid therapy in severe dehydration 								
PE24.2	<p>Discuss the classification and clinical presentation of various types of diarrheal dehydration</p> <p>At end of session</p> <ul style="list-style-type: none"> • Student should be able to enumerate common pathogen of diarrhoeal disease in children • Should be able to discuss important epidemiological factors of diarrhea in children • Should be able to clarify degree of dehydration correctly in a child with diarrhea • Should be able to enlist differences between various degrees of dehydration in a child • Should be able to discuss oral rehydration therapy <p>Should be able to plan intravenous fluid therapy in severe dehydration</p>	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE24.3	<p>Discuss the physiological basis of ORT, types of ORS and the composition of various types of ORS</p> <ul style="list-style-type: none"> • Student should be able to describe physiological basis of ORT • Knows about various ORS available to treat dehydration including home-made ORS • Knows how to prepare ORS at home • Knows how much ORS to be given to a child with some dehydration • Knows how much ORS to be given to the child for ongoing GI losses • Knows composition of WHO-ORS • Knows composition of low osmolarity WHO-ORS 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE24.4	<p>Discuss the types of fluid used in Paediatric diarrheal diseases and their composition</p> <ul style="list-style-type: none"> • Student should be able to enlist various I/V fluids used to treat severe dehydration in children • Able to describe composition of ringer lactate • Able to describe composition of normal saline • Able to discuss which is the preferable fluid & why ? 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE24.5	<p>Discuss the role of antibiotics, antispasmodics, anti-secretory drugs, probiotics, anti-emetics in acute diarrheal diseases</p> <ul style="list-style-type: none"> • Student should be able to enumerate absolute indications of antimicrobial therapy in children with diarrhea • Should be able to describe problem associated with use of antimotility agents in diarrhea • Should know the role of probiotics, antibiotic drugs in diarrhea • Should be able to discuss role of oral zinc in diarrhea • Should be able to correctly describe the dose & duration of zinc therapy. 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE24.6	<p>Discuss the causes, clinical presentation and management of persistent diarrhoea in children</p> <ul style="list-style-type: none"> • Should be able define persistent diarrhea • Should be able to describe pathophysiological basis of persistent diarrhea 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	

	<ul style="list-style-type: none"> Should be able to acknowledge signs & symptoms of dehydration in such a child Should be able to discuss role of regular weight monitoring in their children Should be able to enlist important investigations required in their children Should be able to discuss various low factor diets and then indication Should be able to describe role of antibiotics in a case of persistent diarrhea 								
PE24.7	<p>Discuss the causes, clinical presentation and management of chronic diarrhoea in children</p> <ul style="list-style-type: none"> Should be able to define chronic diarrhea Should be able to differentiate chronic diarrhea from persistent diarrhea Should be able to enlist various etiological basis of chronic diarrhea Should be able to describe typical presentation of a child with suspected celiac disease Should be able to discuss gluten free diet 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE24.8	<p>Discuss the causes, clinical presentation and management of dysentery in children</p> <ul style="list-style-type: none"> Should be able to define dysentery Should be able to enlist other causes of blood in stools in children Should be able to describe common pathogen leading to dysentery Should be able to enlist clinical features suggestive of dysentery Should be able correctly describe name of antibiotics, their dose & duration o be used to treat dysentery in children Should be able to describe various risk factors for hospitalization in a child with dysentery 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pharmacology, Microbiology	
PE24.9	<p>Elicit, document and present history pertaining to diarrheal diseases</p> <ul style="list-style-type: none"> Correctly records duration of illness Correctly takes history regarding no. of loose stools per day & their characteristic features Able to correctly take history suggestive of dysentery Asks about no. of vomiting/day as well as their character Documents child's diet as well as recent change in diet Asks about complementary foods in dietary history with their detail Asks about recent travel 	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			

	<ul style="list-style-type: none"> Asks about any indications being given to child Asks/documents recent weight lose or lack of weight gain Asks about other ill contacts in family Asks about of child is being fed with bottle or not ? Asks about symptoms suggestive of malabsorption Asks about symptoms suggestive of systemic infection in the child 								
PE24.10	<p>Assess for signs of dehydration, document and present</p> <ul style="list-style-type: none"> Able to assess the child correctly various signs of dehydration Able to perform how to check skin pinch correctly Able to clarify degree of dehydration correctly according to signs Able to record correctly when to refer urgently the child to hospital 	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE24.11	<p>Apply the IMNCI guidelines in risk stratification of children with diarrheal dehydration and refer</p> <ul style="list-style-type: none"> Able to assess the child correctly various signs of dehydration Able to perform how to check skin pinch correctly Able to clarify degree of dehydration correctly according to signs <p>Able to record correctly when to refer urgently the child to hospital</p>	S	SH	Y	Bedside clinics, Skills lab	Document in Log book			
PE24.12	Perform and interpret stool examination including Hanging Drop	S	SH	N	Bedside clinics, Skills lab	Log book		Microbiology	
PE24.13	<p>Interpret RFT and electrolyte report</p> <ul style="list-style-type: none"> Able to identify the important component in renal function tests in a child with diarrhea Able to interpret component suggestive of renal failure in a child with diarrhea Able to identify correctly various anticipated electrolyte abnormalities in a child with diarrhea 	S	SH	Y	Bedside clinics, Small group discussion	Document in Log Book			
PE24.14	<p>Plan fluid management as per the WHO criteria</p> <ul style="list-style-type: none"> Able to correctly calculate deficit fluid for some dehydration Able to correctly calculate maintenance fluid in a child with diarrhea Able to correctly record fluids requirements for on-going losses in diarrhea Able to correctly calculate amount of IV fluid required to correct severe dehydration 	S	SH	Y	Bedside clinics, Small group activity	Skills Station			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE24.15	Perform NG tube insertion in a manikin <ul style="list-style-type: none"> Knows about necessary equipment for procedure Able to enumerate various indications of procedure Able to enumerate contra-medications of procedure Knows how to measure correct length of tube to be inserted Correctly checks the correct placement of tube in stomach Able to describe complications of the procedure 	S	P	Y	DOAP session	Document in Log book	2		
PE24.16	Perform IV cannulation in a model <ul style="list-style-type: none"> Able to say indications for the procedure Able to show the various equipment required for procedure Correctly cannulate the vein under suspension Knows various complications of the procedure 	S	P	Y	DOAP session	Document in Log book	2		
PE24.17	Perform Interosseous insertion model <ul style="list-style-type: none"> Able to enumerate indication of the procedure Able to enumerate contra-medications of the procedure Able to collect equipment required for the procedure Able to correctly select the site for procedure Correctly perform procedure under supervision Knows complications of the procedure 	S	P	Y	DOAP session	Document in Log book	2		
Topic: Malabsorption		Number of competencies: (01)			Number of procedures that require certification: (NIL)				
PE25.1	Discuss the etio-pathogenesis, clinical presentation and management of Malabsorption in Children and its causes including celiac disease <ul style="list-style-type: none"> Discuss the etiopathogenesis of malabsorption in children Describe clinic features and management of malabsorption Discuss etiopathogenesis, clinical features & management of celiac disease 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
Topic: Acute and chronic liver disorders		Number of competencies: (13)			Number of procedures that require certification: (NIL)				
PE26.1	Discuss the etio-pathogenesis, clinical features and management of acute hepatitis in children <ul style="list-style-type: none"> Discuss the etiopathogenesis, clinical features and management of acute hepatitis I children 	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.2	Discuss the etio-pathogenesis, clinical features and management of Fulminant Hepatic Failure in children <ul style="list-style-type: none"> Define fulminant hepatic failure Discuss etiopathogenesis, clinical features of hepatic 	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	

	<p>failure</p> <ul style="list-style-type: none"> Describe management of hepatic failure 								
PE26.3	<p>Discuss the etio-pathogenesis, clinical features and management of chronic liver diseases in children</p> <ul style="list-style-type: none"> Discuss the etiopathogenesis, clinical features and management of chronic liver disease 	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology, Microbiology	
PE26.4	<p>Discuss the etio-pathogenesis, clinical features and management of Portal Hypertension in children</p> <ul style="list-style-type: none"> Discuss the etiopathogenesis, clinical features and management of portal hypertension 	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Pathology	
PE26.5	<p>Elicit document and present the history related to diseases of Gastrointestinal system</p> <ul style="list-style-type: none"> Identify a case of gastrointestinal disease Present the history related to disease of gastrointestinal system 	S	SH	Y	Bedside clinics, Skills lab	Skills Station			
PE26.6	<p>Identify external markers for GI and Liver disorders e.g.. Jaundice, Pallor, Gynaecomastia, Spider angioma, Palmar erythema, Icthyosis, Caput medusa, Clubbing, Failing to thrive, Vitamin A and D deficiency</p> <ul style="list-style-type: none"> Identify external markers of GI and liver disorders Document signs of liver disorder Identify clinical features of chronic nutritional deficiencies 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE26.7	Perform examination of the abdomen, demonstrate organomegaly, ascites etc. <ul style="list-style-type: none"> • Demonstrate examination of abdomen • Perform ablator method of liver and spleen • Demonstrate signs of ascites 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE26.8	Analyse symptoms and interpret physical signs to make a provisional/ differential diagnosis <ul style="list-style-type: none"> • Identify symptoms of gastrointestinal disorder • Interpret physical signs as well as make a differential diagnosis 	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			
PE26.9	Interpret Liver Function Tests, viral markers, ultra sonogram report <ul style="list-style-type: none"> • Interpret liver function tests, viral markers, ultrasonogram report 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment		Pathology	
PE26.10	Demonstrate the technique of liver biopsy in a Perform Liver Biopsy in a simulated environment <ul style="list-style-type: none"> • Demonstrate the technique of liver biopsy • Perform the method of liver biopsy in a stimulated environment 	S	SH	Y	DOAP session	Document in log book			
PE26.11	Enumerate the indications for Upper GI endoscopy <ul style="list-style-type: none"> • Enumerate the indications for appear GI endoscopy 	K	K	N	Small group discussion	Viva voce			
PE26.12	Discuss the prevention of Hep B infection – Universal precautions and Immunisation <ul style="list-style-type: none"> • Discus modes of transmission of Hep-B infection • List universal precautions for Hep-B infection • Describe immunization for Hep-B infection 	K	KH	Y	Lecture, Small group activity	Written/ Viva voce		Microbiology	
PE26.13	Counsel and educate patients and their family appropriately on liver diseases <ul style="list-style-type: none"> • Counsel and educate patients and their family appropriately on liver disease 	A/C	P	y	Bedside clinics, Skills lab	Document in log book			

Topic: Pediatric Emergencies – Common Pediatric Emergencies

Number of competencies:(35)

Number of procedures that require certification:(10)

PE27.1	List the common causes of morbidity and mortality in the under five children <ul style="list-style-type: none"> List the common causes of morbidity & mortality in under five children 	K	K	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.2	Describe the etio-pathogenesis, clinical approach and management of cardiorespiratory arrest in children <ul style="list-style-type: none"> Discuss the etio-pathogenesis & approach to a patient of cardiorespiratory arrest Discuss the management of cardiorespiratory arrest 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.3	Describe the etio-pathogenesis of respiratory distress in children <ul style="list-style-type: none"> Describe the etiopathogenesis of respiratory distress in children 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE27.4	Describe the clinical approach and management of respiratory distress in children <ul style="list-style-type: none"> Describe the clinical approach to respiratory distress in children Discuss the management of respiratory distress 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.5	Describe the etio-pathogenesis, clinical approach and management of Shock in children <ul style="list-style-type: none"> Describe the etiopathogenesis of shock Discuss the approach to a patient with shock Discuss the management of shock ace. To etiopathogenesis 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.6	Describe the etio-pathogenesis, clinical approach and management of Status epilepticus <ul style="list-style-type: none"> Describe the etiopathogenesis of status epilepticus Discuss the clinical approach & management of patient with status epilepticus 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.7	Describe the etio-pathogenesis, clinical approach and management of an unconscious child <ul style="list-style-type: none"> Discuss the etiopathogenesis in case of unconscious child Describe the clinical approach & management of an unconscious child 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.8	Discuss the common types, clinical presentations and management of poisoning in children <ul style="list-style-type: none"> List the common type of poisons with description of their clinical presentation Discuss the management of poisoning in children 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.9	Discuss oxygen therapy, in Pediatric emergencies and modes of administration <ul style="list-style-type: none"> Discuss regarding oxygen therapy in pediatric emergency Discuss the various modes of administering oxygen 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.10	Observe the various methods of administering Oxygen <ul style="list-style-type: none"> Perform under supervision the various method of administering oxygen 	S	KH	Y	Demonstration	Document in log book			
PE27.11	Explain the need and process of triage of sick children brought to health facility <ul style="list-style-type: none"> Discuss the need of triage of sick children 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

	<ul style="list-style-type: none"> Discuss the process of triage of sick children brought to health facility 								
PE27.12	<p>Enumerate emergency signs and priority signs</p> <ul style="list-style-type: none"> Define enumerate emergency signs of priority signs 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.13	<p>List the sequential approach of assessment of emergency and priority signs</p> <ul style="list-style-type: none"> Discuss sequential approach for assessment of emergency & priority sign 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.14	<p>Assess emergency signs and prioritize</p> <ul style="list-style-type: none"> Identify emergency signs of prioritize 	S	SH	Y	DOAP session, Skills lab	Skills Assessment			
PE27.15	<p>Assess airway and breathing: recognise signs of severe respiratory distress. Check for cyanosis, severe chest indrawing, grunting</p> <ul style="list-style-type: none"> Demonstrate the assessment of airway, breathing , identify the signs of respiratory distress, identify the sign of respiratory failure 	S	P	Y	DOAP session, Skills lab	Skills Assessment	3		

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE27.16	Assess airway and breathing. Demonstrate the method of positioning of an infant & child to open airway in a simulated environment <ul style="list-style-type: none"> • Demonstrate independently the assessment of airway & breathing • Demonstrate the method of positioning of an infant & child to open airway in a stimulated environment 	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.17	Assess airway and breathing: administer oxygen using correct technique and appropriate flow rate <ul style="list-style-type: none"> • Demonstrate independently the assessment of airway & breathing • Demonstrate O₂ administration using appropriate technique with appropriate flow rate 	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.18	Assess airway and breathing: perform assisted ventilation by Bag and mask in a simulated environment <ul style="list-style-type: none"> • Perform with & without supervision bag & mask ventilation in a stimulated environment 	S	P	Y	DOAP session, Skills lab	Skills Assessment	3		
PE27.19	Check for signs of shock i.e. pulse, Blood pressure, CRT <ul style="list-style-type: none"> • Identify the sign of shock 	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PE27.20	Secure an IV access in a simulated environment <ul style="list-style-type: none"> • Demonstrate to secure an I/V access in a stimulated environment 	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		
PF27.21	Choose the type of fluid and calculate the fluid requirement in shock <ul style="list-style-type: none"> • Interpret the type & fluid requirement in shock 	S	P	Y	DOAP session, Small group activity	Skills Assessment	3		
PE27.22	Assess level of consciousness & provide emergency treatment to a child with convulsions/ coma <ul style="list-style-type: none"> - Position an unconscious child - Position a child with suspected trauma - Administer IV/per rectal Diazepam for a convulsing child in a simulated environment • Identify the level of consciousness in a child with consciousness & coma • Perform under supervision the emergency treatment of a child with consciousness & coma 	S	P	Y	DOAP session, Skills Lab	Skills Assessment	3		

PE27.23	Assess for signs of severe dehydration <ul style="list-style-type: none"> Identify the sign of severe dehydration 	S	P	Y	Bedside clinics, Skills lab	Skill station	3		
PE27.24	Monitoring and maintaining temperature: define hypothermia. Describe the clinical features, complications and management of Hypothermia <ul style="list-style-type: none"> Describe the monitoring of temperature Discuss the various ways of maintaining temperature Classify hypothermia Describe the clinical features/complication & management of hypothermia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.25	Describe the advantages and correct method of keeping an infant warm by skin to skin contact <ul style="list-style-type: none"> Discuss the advantages & correct method of keeping an infant warm by skin to skin control 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE27.26	Describe the environmental measures to maintain temperature <ul style="list-style-type: none"> Describe the environmental measures to maintain temperature 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.27	Assess for hypothermia and maintain temperature <ul style="list-style-type: none"> Identify the hypothermia & demonstrate the temperature maintain 	S	SH	Y	Skills lab	Skills Assessment			
PE27.28	Provide BLS for children in manikin <ul style="list-style-type: none"> Demonstrate BLS in manikin 	S	P	Y	Skills Lab		3		
PE.27.29	Discuss the common causes, clinical presentation, medico-legal implications of abuse <ul style="list-style-type: none"> Enumerate the common causes of abuse Describe the clinical presentation of abuse Discuss the medicolegal implications of abuse 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE27.30	Demonstrate confidentiality with regard to abuse <ul style="list-style-type: none"> Demonstrate confidentiality with regard to abuse 	A	SH	Y	Skills lab, standardized patients	Skills Station			
PE27.31	Assess child for signs of abuse <ul style="list-style-type: none"> Identify the signs of abuse in children 	S	SH	Y	DOAP session, Skills lab	Log book			
PE27.32	Counsel parents of dangerously ill / terminally ill child to break a bad news <ul style="list-style-type: none"> Perform under supervision the counseling of parents of dangerously ill/terminally ill child to break a bad news 	S	SH	Y	DOAP session	Document in Log book			
PE27.33	Obtain Informed Consent <ul style="list-style-type: none"> Demonstrate to obtain an informed consent 	S	SH	Y	DOAP session	Document in Log book			
PE27.34	Willing to be a part of the ER team <ul style="list-style-type: none"> Counsel the student to be a part of ER team 	A	SH	Y	DOAP session	Document in Log book			
PE27.35	Attends to emergency calls promptly <ul style="list-style-type: none"> Demonstrate understanding of attending emergency calls properly 	A	SH	Y	DOAP session	Document in Log Book			

Topic:Respiratorysystem

Number ofcompetencies:(20)

Number of procedures that require certification:(NIL)

PE28.1	Discuss the etio-pathogenesis, clinical features and management of Naso pharyngitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.2	Discuss the etio-pathogenesis of Pharyngo Tonsillitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE28.3	Discuss the clinical features and management of Pharyngo Tonsillitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.4	Discuss the etio-pathogenesis, clinical features and management of Acute Otitis Media (AOM)	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.5	Discuss the etio-pathogenesis, clinical features and management of Epiglottitis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.6	Discuss the etio-pathogenesis, clinical features and management of Acute laryngo- trachea-bronchitis <ul style="list-style-type: none"> • Should be able to describe what is stridor • Should be able to describe etiological pathogens of croup • Should be able to describe clinical features croup • Should be able to assess the severity of croup • Should be able to describe the radiological finding in a child with croup • Should be able to correctly manage the child with croup 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.7	Discuss the etiology, clinical features and management of Stridor in children <ul style="list-style-type: none"> • Should know what stridor is • Should know various causes of acute and chronic stridor in a child • Should know the characteristic clinical features of various etiologies prescribing as stridor • Should be able to correctly make a quick bed side assessment of stridorous child to make an initial diagnosis • Knows how to manage the child with stridor in emergency 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.8	Discuss the types, clinical presentation, and management of foreign body aspiration in infants and children	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE28.9	Elicit, document and present age appropriate history of a child with upper respiratory problem including Stridor	S	SH	Y	Bedside clinics, skill lab	Skill Assessment		ENT	
PE28.10	Perform otoscopic examination of the ear	S	SH	Y	DOAP session	Skills Assessment		ENT	

PE28.11	Perform throat examination using tongue depressor	S	SH	Y	DOAP session	Skills Assessment		ENT	
PE28.12	Perform examination of the nose	S	SH	Y	DOAP session	Skills Assessment		ENT	
PE28.13	Analyse the clinical symptoms and interpret physical findings and make a provisional / differential diagnosis in a child with ENT symptoms	S	SH	Y	Bedside clinics	Skills Assessment			
PE28.14	Develop a treatment plan and document appropriately in a child with upper respiratory symptoms	S	SH	Y	Bedside clinics	Skills Assessment			

Number	COMPETENCY The student should be able to	Domain K/S/AC	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE28.15	Stratify risk in children with stridor using IMNCI guidelines <ul style="list-style-type: none"> • Should be able to ask the mother what the child's problems are • Should be able to check for general danger signs • Should be able to ask about main symptoms & their duration • Correctly checks for no. of breaths in one minute • 100ks for chest windrowing • Look & listen for stridor • Clarify the disease correctly as per IMNCI • Correctly identifies treatment • Correctly finds the dose of drug to be given to child at time of referral • Correctly make a referral note before sending the child to hospital 	S	SH	Y	Bedside clinics	Log book documentation			
PE28.16	Interpret blood tests relevant to upper respiratory problems <ul style="list-style-type: none"> • Able to enumerate common causes of upper respiratory problems in children\ • Able to describe the total & differential leucocyte count for a given etiology of URI • Able to identify the etiology of URI correctly from a given set of blood tests 	S	SH	N	Bedside clinics, Small group discussion	Log book			
PE28.17	Interpret X-ray of the paranasal sinuses and mastoid; and /or use written report in case of management Interpret CXR in foreign body aspiration and lower respiratory tract infection, understand the significance of thymic shadow in pediatric chest X-rays	S	SH	Y	Bedside clinics, Small group discussion	Skills Assessment		ENT, Radiodiagnosis	
PE28.18	Describe the etio-pathogenesis, diagnosis, clinical features, management and prevention of lower respiratory infections including bronchiolitis, wheeze associated LRTI Pneumonia and empyema <ul style="list-style-type: none"> • Able to differentiate children with upper respiratory tract versus lower respiratory tract infections • Able to record salient clinical features of bronchiolitis, pneumonia and empyema on examination of child • Able to identify radiological features of above disease in children • Able to describe indications for hospitalization of their 	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skill Assessment/ Written/ Viva voce			

	children <ul style="list-style-type: none"> • Able to identify the management of above disease in children • Able to describe the complications with these disease 								
PE28.19	Describe the etio-pathogenesis, diagnosis, clinical features, management and prevention of asthma in children <ul style="list-style-type: none"> • Able to identify a child with asthma on history and examination • Able to record the various triggers for the asthma • Able to document the relevant personal and family history of various allergic diseases • Able to enlist various other causes of where in children • Able to discuss relevant investigations needed to confirm the diagnosis knows various drugs to be used for treatment of asthma, their doses and side-effect. • Able to provide counseling to the care taken regarding use of MDI & various preventive measure for control of asthma • Knows various red flag signs in a child with acute exacerbation of asthma • Knows step wise treatment plan for a child with acute exacerbation of asthma 	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skill Assessment/ Written/ Viva voce		Respiratory Medicine	
PE28.20	Counsel the child with asthma on the correct use of inhalers in a simulated environment <ul style="list-style-type: none"> • Able to educate parents about child's problem and its probable consequences on his health • Able to select appropriate inhaler to be used for the child • Able explain the need for spacer while using MDI • Able to correctly demonstrate the technique of drug administration using MDI • Emphasizes the need to maintain a diary regarding use of reliever drug at home 	S	SH	Y	Bedside clinics, Small group discussion, Lecture	Skills Assessment/ Written/ Viva voce		Respiratory Medicine	
Topic:AnemiaandotherHemato-oncologicdisordersinchildren									
			Number of competencies:(20)			Number of procedures that require certification:(NIL)			
PE29.1	Discuss the etio-pathogenesis, clinical features, classification and approach to a child with anaemia <ul style="list-style-type: none"> • Discuss approach to a child with anemia • Classify anemia and describe etiopathogenesis • Enumerate clinical features of anemia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	

PE29.2	Discuss the etio-pathogenesis, clinical features and management of Iron Deficiency anaemia <ul style="list-style-type: none"> Discuss the etiopathogenesis, clinical features and management of iron deficiency anemia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE29.3	Discuss the etiopathogenesis, clinical features and management of VIT B12, Folate deficiency anaemia <ul style="list-style-type: none"> Discuss the etiopathogenesis, clinical features and Vit B12, folic deficiency anemia 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.4	Discuss the etio-pathogenesis, clinical features and management of Hemolytic anemia, Thalassemia Major, Sickle cell anaemia, Hereditary spherocytosis, Auto-immune hemolytic anaemia and hemolytic uremic syndrome <ul style="list-style-type: none"> Discuss approach to a case of hemolytic anemia Classify various hemolytic anemia Describe clinical features and management of hemolytic anemia, thalassemia major, sickle cell disease, hereditary spherocytosis, auto-immune hemolytic anemia and hemolytic uremic syndrome 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Pathology, Physiology	
PE29.5	Discuss the National Anaemia Control Program <ul style="list-style-type: none"> Discuss national anemia control program 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Community Medicine	
PE29.6	Discuss the cause of thrombocytopenia in children: describe the clinical features and management of Idiopathic Thrombocytopenic Purpura (ITP) <ul style="list-style-type: none"> Discuss approach to a case of thrombocytopenia Describe clinical features of ITP Discuss management of ITP 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.7	Discuss the etiology, classification, pathogenesis and clinical features of Hemophilia in children <ul style="list-style-type: none"> Classify and discuss etiopathogenesis of hemophilia List clinical features of hemophilia 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.8	Discuss the etiology, clinical presentation and management of Acute Lymphoblastic Leukemia in children <ul style="list-style-type: none"> Describe etiology and classify Acute Lymphoblastic Leukemia List clinical feature of Acute Lymphoblastic Leukemia Discuss management of Acute Lymphoblastic Leukemia 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	

PE29.9	Discuss the etiology, clinical presentation and management of lymphoma in children <ul style="list-style-type: none"> • Discuss lymphoma in children • Describe etiology and clinical presentation of lymphoma • List management options of lymphoma 	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		Pathology	
PE29.10	Elicit, document and present the history related to Hematology <ul style="list-style-type: none"> • Present history of a hematological • Identify signs of hematological case 	S	SH	Y	Bedside clinics, Skills lab	Skills Station			
PE29.11	Identify external markers for hematological disorders e.g.. Jaundice, Pallor, Petechiae purpura, Ecchymosis, Lymphadenopathy, bone tenderness, loss of weight, Mucosal and large joint bleed <ul style="list-style-type: none"> • Identify external markers for hematological disorders • Demonstrate how to examine pallor, petechiae purupra, Ecchymosis, Lymphadenopathy, bone tenderness, loss of weight, Mucosal and large joint bleed 	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE29.12	Perform examination of the abdomen, demonstrate organomegaly <ul style="list-style-type: none"> • Present examination of abdomen • Demonstrate organomegaly 	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE29.13	Analyse symptoms and interpret physical signs to make a provisional/ differential diagnosis <ul style="list-style-type: none"> Identify symptoms of homological case by history Document signs to make a provisional diagnosis of hematological case 	S	SH	Y	Bedside clinics, Skill lab	Skill assessment			
PE29.14	Interpret CBC, LFT <ul style="list-style-type: none"> Interpret CBC and LFT to identify various causes of anemia 	S	SH	Y	Bedside clinics, Skills lab	Skill assessment			
PE29.15	Perform and interpret peripheral smear <ul style="list-style-type: none"> Perform how to prepare peripheral smear Interpret the results of peripheral smear 	S	SH	Y	DOAP session	Document in log book			
PE29.16	Discuss the indications for Hemoglobin electrophoresis and interpret report <ul style="list-style-type: none"> Enumerate indication for hemoglobin electrophoresis Interpret results of hemoglobin electrophoresis 	K	K	N	Small group discussion	Viva voce		Biochemistry	
PE29.17	Demonstrate performance of bone marrow aspiration in manikin <ul style="list-style-type: none"> Perform bone marrow aspiration in manikin 	S	SH	Y	Skills lab	Document in log Book			
PE29.18	Enumerate the referral criteria for Hematological conditions	S	SH	Y	Bedside clinics, Small group activity	Viva voce			
PE29.19	Counsel and educate patients about prevention and treatment of anemia <ul style="list-style-type: none"> Counsel patients about treatment of anemia Inform about various measures to prevent anemia 	A/C	SH	Y	Bedside clinics, Skills lab	Document in log book			
PE29.20	Enumerate the indications for splenectomy and precautions <ul style="list-style-type: none"> Enumerate the indication for splenectomy List the precaution that should be taken before splenectomy 	K	K	N	Small group Activity	Viva voce			

Topic: Systemic Pediatrics-Central Nervous system

Number of competencies:(23)

Number of procedures that require certification:(NIL)

PE30.1	Discuss the etio-pathogenesis, clinical features, complications, management and prevention of meningitis in children <ul style="list-style-type: none"> Define meningitis Enumerate symptoms and signs List causes Describe pathology and pathogenesis 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
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	<ul style="list-style-type: none"> Describe features of raised ICP List indication and clinical features of lumbar puncture Describe components of CSF study Discuss treatment of meningitis – define duration of drugs & discuss supportive care Define complications of meningitis Discuss prevention of meningitis Discuss prognosis of meningitis 								
PE30.2	Distinguish bacterial, viral and tuberculous meningitis <ul style="list-style-type: none"> Enumerate symptoms List causative organisms Describe pathology and pathogenesis Differentiate between CSF study Define treatment Discuss prognosis 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.3	Discuss the etio-pathogenesis, classification, clinical features, complication and management of Hydrocephalus in children <ul style="list-style-type: none"> Define hydrocephalus Discuss CSF formation ANF flow Differentiate between obstructive and non-obstructive Define symptoms and signs Discuss pathology of hydrocephalus Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE30.4	Discuss the etio-pathogenesis, classification, clinical features, and management of Microcephaly in children <ul style="list-style-type: none"> List the criteria of microcephaly Enumerate primary & secondary causes of microcephaly Discuss pathogenesis Discuss classification Describe management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.5	Enumerate the Neural tube defects. Discuss the causes, clinical features, types, and management of Neural Tube defect <ul style="list-style-type: none"> Enumerate neural tube defects Discuss causes of NTDS Define clinical features of NTDS Discuss management of NTDS Enumerate types of NTDS Discuss prognosis of NTDS 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.6	Discuss the etio-pathogenesis, clinical features, and management of Infantile hemiplegia <ul style="list-style-type: none"> Define infantile hemiplegia List the causes Discuss the etio-pathogenesis Define clinical features Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.7	Discuss the etio-pathogenesis, clinical features, complications and management of Febrile seizures in children <ul style="list-style-type: none"> Define febrile seizure Differentiate between typical and atypical febrile seizure Discuss the risk factors for recurrence Discuss the risk factors for subsequent epilepsy Enumerate epilepsy syndromes associated with febrile seizures Discuss the role of lumbar puncture, EEG Neuroimaging in febrile seizure Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.8	Define epilepsy. Discuss the pathogenesis, clinical types, presentation and management of Epilepsy in children <ul style="list-style-type: none"> Differentiate between benign and generalized epilepsy 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

	<ul style="list-style-type: none"> Enumerate epilepsy syndromes Discuss mechanism of seizure in epilepsy Discuss management of seizure in epilepsy Describe side effects of AEDS 								
PE30.9	<p>Define status Epilepticus. Discuss the clinical presentation and management</p> <ul style="list-style-type: none"> Define status epilepticus Enumerate etiology Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.10	<p>Discuss the etio-pathogenesis, clinical features and management of Mental retardation in children</p> <ul style="list-style-type: none"> Define mental retardation Discuss the clinical features Discuss evaluation of mental retardation Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.11	<p>Discuss the etio-pathogenesis, clinical features and management of children with cerebral palsy</p> <ul style="list-style-type: none"> Define cerebral palsy Discuss epidemiology Classification of cerebral palsy Discuss etiopathogenesis Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.12	<p>Enumerate the causes of floppiness in an infant and discuss the clinical features, differential diagnosis and management</p> <ul style="list-style-type: none"> Define hypotonia Differentiate between central and peripheral hypotonia Discuss the clinical features Describe the causes of central and peripheral hypotonia Enumerate differential Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.13	<p>Discuss the etio-pathogenesis, clinical features, management and prevention of Poliomyelitis in children</p> <ul style="list-style-type: none"> Discuss etiology, pathogenesis, clinical features, management and prevention of poliomyelitis Enumerate differential 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE30.14	<p>Discuss the etio-pathogenesis, clinical features and management of Duchene muscular dystrophy</p> <ul style="list-style-type: none"> Discuss etiopathogenesis, genetic etiology clinical features of DMP Describe laboratory findings Discuss management 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

PE30.15	Discuss the etio-pathogenesis, clinical features and management of Ataxia in children <ul style="list-style-type: none"> • Define ataxia • Discuss the pathogenesis clinical features and management • Enumerate causes • Enumerate treatable causes 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
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Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE30.16	Discuss the approach to and management of a child with headache <ul style="list-style-type: none"> • Classification of headache • Discuss classification, criteria and clinical manifestation of migraine, management • List indication of neuroimaging in child with headache 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE30.17	Elicit document and present an age appropriate history pertaining to the CNS <ul style="list-style-type: none"> • Elicit age appropriate history • Document age appropriate history • Present age appropriate history • Identify functional diagnosis • Identify anatomical diagnosis • Identify etiological diagnosis 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE30.18	Demonstrate the correct method for physical examination of CNS including identification of external markers. Document and present clinical findings <ul style="list-style-type: none"> • Identify hypo-hyperpigmented lesion • Identify port-wine stain, angiokeratomas, telangiectasia • Identify coarce facies • Demonstrate higher mental functions • Perform independently cranial nerve examination • Perform motor and sensory examination • Demonstrate cerebellar signs • Perform meningeal signs • Identify abnormal movements perform deep tendon and superficial reflexes 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE30.19	Analyse symptoms and interpret physical findings and propose a provisional / differential diagnosis <ul style="list-style-type: none"> • Interpret and analyse symptoms and physical findings • Identify differential diagnosis • Document a provisional diagnosis 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
PE30.20	Interpret and explain the findings in a CSF analysis <ul style="list-style-type: none"> • Interpret the findings in CSF analysis • Identify the diagnosis 	S	SH	Y	Small group discussion	Log book		Microbiology	
PE30.21	Enumerate the indication and discuss the limitations of EEG, CT, MRI <ul style="list-style-type: none"> • Interpret the reports of EEG, CT, MRI in view of clinical features 	K	K	N	Bedside clinics	Log book			

PE30.22	Interpret the reports of EEG, CT, MRI	S	SH	Y	Bedside clinics, Skills lab	Log book		Radiodiagnosis	
PE30.23	Perform in a mannequin lumbar puncture. Discuss the indications, contraindication of the procedure <ul style="list-style-type: none"> • Document the indications of lumbar puncture • Document the contraindications of lumbar puncture • Perform under supervision in a mannequin • Perform independently in a mannequin 	S	SH	Y	Bedside clinics, Skills lab	Skill Assessment			
Topic: Allergic Rhinitis , Atopic Dermatitis, Bronchial Asthma , Urticaria Angioedema									
					Number ofcompetencies:(12)		Number of procedures that require certification:(NIL)		
PE31.1	Describe the etio-pathogenesis, management and prevention of Allergic Rhinitis in Children <ul style="list-style-type: none"> • Discuss etiopathogenic of allergic rhinitis in pediatricDescribe clinical features, management & prevention of allergic rhinitis in pediatrics 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		ENT	
PE31.2	Recognize the clinical signs of Allergic Rhinitis <ul style="list-style-type: none"> • Identify clinical signs of allergic rhinitis demonstrate signs of allergic rhinitis 	S	SH	Y	Bedside clinics' Skill Lab	Skill Assessment		ENT	
PE31.3	Describe the etio-pathogenesis, clinical features and management of Atopic dermatitis in Children <ul style="list-style-type: none"> • Describe atopic dermatitis in pediatric age and discuss clinical features management of atopic dermatitis in children 	K	KH	Y	Lecture Small group discussion	Written/ Viva voce		ENT	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE31.4	Identify Atopic dermatitis and manage <ul style="list-style-type: none"> Identify atopic dermatitis in children Demonstrate signs of atopic dermatitis in children 	S	SH		Bedside clinics Skills lab	Skill Assessment		Dermatology, Venereology & Leprosy	
PE31.5	Discuss the etio-pathogenesis, clinical types, presentations, management and prevention of childhood Asthma <ul style="list-style-type: none"> Describe etiopathogenesis of bronchial asthma in children Discuss clinical features & assessment of severity of BA in children Describe management & prevention of bronchial asthma in children 	K	KH	Y	Lecture Small group discussion	Written/ Viva voce			
PE31.6	Recognise symptoms and signs of Asthma <ul style="list-style-type: none"> Identify signs & symptoms of bronchial asthma Demonstrate signs & symptoms of severity of bronchial asthma 	S	SH	Y	Bedside clinic, Small group activity	Skill Assessment			
PE31.7	Develop a treatment plan for Asthma appropriate to clinical presentation & severity <ul style="list-style-type: none"> Demonstrate treatment plan for clinical signs & symptoms Document algorithm of treatment plan in 	S	SH	Y	Bedside clinic, Small group activity	Skill Assessment			
PE31.8	Enumerate criteria for referral <ul style="list-style-type: none"> Classify poor prorogate indication Enumerate criteria for referral 	K	KH	Y	Bedside clinic, Small group activity	Written/ Viva voce			
PE31.9	Interpret CBC and CX Ray in Asthma <ul style="list-style-type: none"> Indication of homological indices in bronchial asthma Demonstrate of radiological findings in bronchial asthma 	S	SH	Y	Bedside clinic, Small group activity	Skill Assessment			
PE31.10	Enumerate the indications for PFT <ul style="list-style-type: none"> Describe pulmonary function of physiology & pathological change in bronchial asthma Enumerate indication of PFT in bronchial asthma 	K	K	N	Bedside clinic, Small group activity	Viva voce			
PE31.11	Observe administration of Nebulisation <ul style="list-style-type: none"> Demonstrate various drug delivery system for treatment of bronchial asthma Demonstrate administration of nebulisation therapy for bronchial asthma 	S	SH	Y	DOAP session	Document in log book			

PE31.12	Discuss the etio-pathogenesis, clinical features and complications and management of Urticaria Angioedema <ul style="list-style-type: none"> Describe what is urticaria Discuss etiopathogenesis, clinical features & management of Discuss complications of 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
Topic:ChromosomalAbnormalities		Number ofcompetencies:(13)			Number of procedures that require certification:(NIL)				
PE32.1	Discuss the genetic basis, risk factors, complications, prenatal diagnosis, management and genetic counselling in Down's Syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Human Anatomy	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE32.2	Identify the clinical features of Down's Syndrome	S	SH	Y	Bedside clinics, Skills lab	log book		General Medicine	
PE32.3	Interpret normal Karyotype and recognize Trisomy 21 <ul style="list-style-type: none"> • Able to describe chromosomal abnormality in down's syndrome • Able to identify non-disfunction versus translocated down's syndrome from karyotype type report • Able to identify risk of reoccurrence from karyotype report 	S	SH	Y	Bedside clinics, Skills lab	Log book			General Medicine
PE32.4	Discuss the referral criteria and Multidisciplinary approach to management <ul style="list-style-type: none"> • Should be able to describe various systemic abnormalities in a child with down's syndrome • Should be able to identify children with down's syndrome with evidence of various GI, CVS, Endocrine, neuromuscular ophthalmologic, ENT and neuropsychiatric problems • Should be able to identify various disciplines required to help these children • Able to provide appropriate counseling to prevents of these children 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE32.5	Counsel parents regarding 1. Present child 2. Risk in the next pregnancy	A/C	SH	N	Bedside clinics, Skills lab	Log book			
PE32.6	Discuss the genetic basis, risk factors, clinical features, complications, prenatal diagnosis, management and genetic counselling in Turner's Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce		General Medicine, Obstetrics & Gynaecology	
PE32.7	Identify the clinical features of Turner Syndrome	S	SH	N	Bedside clinics, Skills lab	Log book		General Medicine	
PE32.8	Interpret normal Karyotype and recognize the Turner Karyotype	S	SH	N	Bedside clinics, Skills lab	log book		General Medicine, Obstetrics & Gynaecology	

PE32.9	Discuss the referral criteria and multidisciplinary approach to management of Turner Syndrome	K	KH	N	Lecture, Small group discussion	Written/ Viva voce			General Medicine, Obstetrics & Gynaecology
PE32.10	Counsel parents regarding 1. Present child 2. Risk in the next pregnancy	A/C	SH	N	Bedside clinics, Skills lab	Log book			
PE32.11	Discuss the genetic basis, risk factors, complications, prenatal diagnosis, management and genetic counselling in Klinefelter Syndrome	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		General Medicine	

Number	COMPETENCY The student should be able to	Domain K/S/AC	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE32.12	Identify the clinical features of Klinefelter Syndrome	S	SH	N	Bedside clinics, Skills lab	Log book		General Medicine	
PE32.13	Interpret normal Karyotype and recognize the Klinefelter Karyotype	S	SH	N	Bedside clinics, Skills lab	Log book		General Medicine	
Topic: Endocrinology Number of competencies:(11) Number of procedures that require certification:(02)									
PE33.1	Describe the etio-pathogenesis clinical features, management of Hypothyroidism in children <ul style="list-style-type: none"> • Student should be able to describe physiological basis of thyroid gland function • Able differentiate primary versus central hypothyroidism on biochemical basis • Able to describe etiology of both congenital & acquired hypothyroidism • Able to enumerate clinical features of congenital acquired hypothyroidism • Able to describe in brief management of hypothyroidism 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			
PE33.2	Recognize the clinical signs of Hypothyroidism and refer <ul style="list-style-type: none"> • Student should be able to describe physiological basis of thyroid gland function • Able differentiate primary versus central hypothyroidism on biochemical basis • Able to describe etiology of both congenital & acquired hypothyroidism • Able to enumerate clinical features of congenital acquired hypothyroidism • Able to describe in brief management of hypothyroidism 	S	SH	Y	Bedside clinics, Skill Lab	Skill Assessment			
PE33.3	Interpret and explain neonatal thyroid screening report <ul style="list-style-type: none"> • Should be able to describe the need for universal neonatal thyroid screening • Should be able to describe the basic approach for 	S	SH	Y	Bedside clinics, Small group discussion	Skill Assessment			

	laboratory diagnosis of neonatal thyroid screening <ul style="list-style-type: none"> Should be able to appropriately diagnose a newborn baby with congenital hypothyroidism from screening results 								
PE33.4	Discuss the etio-pathogenesis, clinical types, presentations, complication and management of Diabetes mellitus in children <ul style="list-style-type: none"> Should be able to describe pathophysiological basis of diabetes mellitus in children Should be able to differentiate type I from type II DM Should be able to define diagnostic criteria for DM Should be able to describe clinical presentation of a child with DM Should be able to outline basic management plan for a child with type I DM Should be able to provide counseling regarding exercise, nutritional management along with psychological support to the child as well as family 	K	KH	Y	Lecture, Small group discussions	Written/ Viva voce			
PE33.5	Interpret Blood sugar reports and explain the diagnostic criteria for Type 1 Diabetes	S	SH	Y	Bedside clinic, small group activity	Skill Assessment			
PE33.6	Perform and interpret Urine Dip Stick for Sugar <ul style="list-style-type: none"> Should be able to define diagnostic criteria for DM Should be able to diagnostic DM from a given set of bio chemical report Should be able to describe briefly role of HbA,C in DM Should be able to say the normal values of HbA,C IN DM 	S	P	Y	DOAP session	Skill Assessment	3	Biochemistry	
PE33.7	Perform genital examination and recognize Ambiguous Genitalia and refer appropriately	S	SH	Y	Bedside clinic Skills lab	Skill Assessment			
PE33.8	Define precocious and delayed Puberty	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce			

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE33.9	Perform Sexual Maturity Rating (SMR) and interpret	S	SH	Y	Bedside clinics Skills Lab	Skill Assessment			
PE33.10	Recognize precocious and delayed Puberty and refer	S	SH	Y	Bedside clinics Skills Lab	log book			
PE33.11	Identify deviations in growth and plan appropriate referral <ul style="list-style-type: none"> Should be able to identify children with abnormal growth from growth charts Should be able to select children from growth charts who are crossing two meter clinical curves on growth Should be able to plot mid-parental height on growth charts Should be able to correlate stature of the child with MPH 	S	P	Y	Bedside clinics Skills Lab	log book	2		
Topic:Vaccine preventable Diseases-Tuberculosis Number of competencies:(20) Number of procedures that require certification:(03)									
PE34.1	Discuss the epidemiology, clinical features, clinical types, complications of Tuberculosis in Children and Adolescents <ul style="list-style-type: none"> Discuss the epidemiology Describe the transmission Describe the pathogenesis Discuss the clinical types Discuss the complications 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.2	Discuss the various diagnostic tools for childhood tuberculosis <ul style="list-style-type: none"> Discuss suggestive symptoms Discuss radiological findings Discuss tuberculin skin testing Discuss specimen collection and transport Discuss staining methods Discuss immune based diagnosis IGRA Discuss molecular diagnostic methods CBNAAT 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.3	Discuss the various regimens for management of Tuberculosis as per National Guidelines <ul style="list-style-type: none"> Discuss case definition Discuss pharmacological principal of drugs Discuss drug resistance Discuss first line and second line drugs Discuss adverse events and side-effects of drugs 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine

	<ul style="list-style-type: none"> Discuss fixed dose drug combination Discuss category wise treatment 								
PE34.4	<p>Discuss the preventive strategies adopted and the objectives and outcome of the National Tuberculosis Control Program</p> <ul style="list-style-type: none"> Discuss the preventive strategies of NTCP Discuss the outcome of NTCP 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology, Community Medicine, Pharmacology	Respiratory Medicine
PE34.5	<p>Able to elicit, document and present history of contact with tuberculosis in every patient encounter</p> <ul style="list-style-type: none"> Elicit H10 Contact Document H10 contact Present H10 contact 	S	SH	Y	Bedside clinics, Skill lab	Skill Assessment			Respiratory Medicine
PE34.6	<p>Identify a BCG scar</p> <ul style="list-style-type: none"> Identify a BCG Scar 	S	P	Y	Bedside clinics, Skills lab	Skill Assessment	3	Microbiology	Respiratory Medicine
PE34.7	<p>Interpret a Mantoux test</p> <ul style="list-style-type: none"> Perform administration of tuberculin test Perform the measurement of positive test Identify positive test Interpret the test results 	S	P	Y	Bedside clinics Skills lab	Skill assessment	3	Microbiology	Respiratory Medicine
PE34.8	<p>Interpret a Chest Radiograph</p> <ul style="list-style-type: none"> Identify military pattern Identify hilar and/or paratrachial lymphadenopathy Identify fibro cavitary lesion 	S	SH	Y	Bedside clinics Skills lab	Skill assessment		Radiodiagnosis	Respiratory Medicine

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE34.9	Interpret blood tests in the context of laboratory evidence for tuberculosis <ul style="list-style-type: none"> Interpret LFT, ESR 	S	SH	N	Bedside clinics, Small group discussion	log book		Microbiology	Respiratory Medicine
PE34.10	Discuss the various samples for demonstrating the organism e.g. Gastric Aspirate, Sputum , CSF, FNAC <ul style="list-style-type: none"> Discuss sputum collection, induced sputum collection Discuss gastric aspirate collection method Discuss the transport of specimen Discuss the problem and benefits Discuss the clinical application 	K	KH	Y	Bedside clinics, Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.11	Perform AFB staining <ul style="list-style-type: none"> Perform under supervision AFB staining Perform independently 	S	P	Y	DOAP session	Log book/Journal	3	Microbiology	Respiratory Medicine
PE34.12	Enumerate the indications and discuss the limitations of methods of culturing M.Tuberculi <ul style="list-style-type: none"> Enumerate the indication of culture Discuss traditional and liquid based culture methods Discuss the susceptibility testing Discuss the culture media Discuss the limitations of culture methods 	K	KH	Y	Small group discussion	Written/ Viva voce		Microbiology	Respiratory Medicine
PE34.13	Enumerate the newer diagnostic tools for Tuberculosis including BACTEC CBNAAT and their indications <ul style="list-style-type: none"> Enumerate PCR-Restriction fragment length polymorphism method Enumerate real time PCR methods Enumerate DNA sequencing methods Enumerate DNA strip assays Enumerate the indication of newer methods 	K	K	N	Lecture, Small group discussion	Written/ Viva voce			
PE34.14	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of fever in children <ul style="list-style-type: none"> Enumerate the causes of fever with localizing signs Enumerate the causes without localizing signs Enumerate pointers to serious bacterial infections 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	

	<ul style="list-style-type: none"> • Discuss the indication of hospitalization • Discuss the etio-pathogenesis • Discuss the clinical features • Discuss the complications of fever • Discuss the management of fever 								
PE34.15	<p>Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with exanthematous illnesses like Measles, Mumps, Rubella & Chicken pox</p> <ul style="list-style-type: none"> • Enumerate the causes of fever with rash • Discuss the clinical features • Discuss the etiopathogenesis • Discuss the complications • Discuss the management • Discuss the prevention 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.16	<p>Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Diphtheria, Pertussis, Tetanus.</p> <ul style="list-style-type: none"> • Enumerate the common causes of fever • Discuss the etiopathogenesis of DPT • Discuss the clinical manifestations of DPT • Discuss the complications of DPT • Discuss the treatment of DPT • Discuss the prognosis of DPT • Discuss the prevention of DPT 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.17	<p>Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Typhoid</p> <ul style="list-style-type: none"> • Discuss etiopathogenesis of typhoid fever • Discuss clinical features • Discuss complications • Discuss diagnosis methods • Discuss differential diagnosis • Discuss treatment • Discuss prognosis and prevention 	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	

Number	COMPETENCY The student should be able to	Domain K/S/A/C	Level K/KH/ SH/P	Core Y/N	Suggested Teaching Learning methods	Suggested Assessment methods	Number required to certify P	Vertical Integration	Horizontal Integration
PE34.18	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Dengue, Chikungunya and other vector born diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.19	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of children with Common Parasitic infections, malaria, leishmaniasis, filariasis, helminthic infestations, amebiasis, giardiasis	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
PE34.20	Enumerate the common causes of fever and discuss the etiopathogenesis, clinical features, complications and management of child with Rickettsial diseases	K	KH	Y	Lecture, Small group discussion	Written/ Viva voce		Microbiology	
Topic: The role of the physician in the community		Number of competencies:(01)			Number of procedures that require certification :(NIL)				
PE35.1	Identify, discuss and defend medicolegal, socio-cultural and ethical issues as they pertain to health care in children (including parental rights and right to refuse treatment)	K	KH	Y	Small group discussion	Written/ Viva voce			
<p>Column C: K- Knowledge, S – Skill, A - Attitude / professionalism, C- Communication. Column D: K – Knows, KH - Knows How, SH- Shows how, P- performs independently, Column F: DOAP session – Demonstrate, Observe, Assess, Perform. Column H: If entry is P: indicate how many procedures must be done independently for certification/ graduation</p>									

